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San Francisco Public Library

# GOVERNMENT INFORMATION CENTER SAN FRANCISCO PUBLIC LIBRARY

### REFERENCE BOOK

Not to be taken from the Library

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## SAN FRANCISCO PUBLIC LIBRARY

164-814.

### APPLICATIONS FOR USE OF MEETING ROOMS

Applications are inserted according to the date of requested use of a meeting room. If the request is for a series of dates, the application is inserted according to the date of first use.

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### SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

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Expiration Date: NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. Dates Requested: C.T. Time Requested: 6:00 -LAST TUES SU MO. POTRERO BRANCH Describe event or purpose of meeting: MHBOR HOOD MEETING JAN 1 0 1996 SAN FRANCISCO INFORMATION ON REQUESTING ORGANIZATION: PUBLIC LIBRA Day Phone: Evening Phone: Secondary Contact Person. Day Phone: Evening Phone: CONDITIONS FOR USE: Insurance required? Yes . No V . If yes, attach insurance rider. WERCHANTE ASKOT (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the 1017210 BOOSFICE (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on FOTRETTO DOSTEPS (group or organization), its agents or employee. POTCERO RECOSTERS & MEXICOST TO 3 ASSETT liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room nules, Waiver of Liability, and Conditions of Use and agree, to all provisions of the above: SPECIAL AUTHORIZATION: REFRESHMENTS: (initials of authorizing authority). FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: rec'd/waived by: Key Deposit: \$ Janitorial: rec'd/waived by: Room Not Available: Alternate Suggested: Approved Disapproved BY: BRANCH/MAIN MANAGER:



### 75 +312 1/2/96

# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JAN 8 1996 (Adopted 9/15/92)

Emiration Data:

| 196                                                                                                                                                          | Expiration D                                                               | Pate:                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOTE: Complete this form in duplicate and submit to Mana                                                                                                     | ger of Request                                                             | ed Facility.                                                                                                                                                                                                                                                          |
| SAT                                                                                                                                                          | · · · · · · · · · · · · · · · · · · ·                                      | DOCUMENTS DE                                                                                                                                                                                                                                                          |
| Dates Requested: 5 JANUARY 1596  Facility:                                                                                                                   | Time Request                                                               | ted: Hen                                                                                                                                                                                                                                                              |
| Facility:                                                                                                                                                    | Attendance E                                                               | JAN 1 0 1996                                                                                                                                                                                                                                                          |
| NOE VALLEY BRANCH                                                                                                                                            | Attendance                                                                 | SAN FRANCISCO                                                                                                                                                                                                                                                         |
| Describe event or purpose of meeting:                                                                                                                        |                                                                            | PUBLIC LIBRARY                                                                                                                                                                                                                                                        |
| BOWATE TUTALING                                                                                                                                              | 10000                                                                      | TECT REAL                                                                                                                                                                                                                                                             |
| PRIVATE TUTORING                                                                                                                                             | 1 1000                                                                     | 120 1718                                                                                                                                                                                                                                                              |
| NFORMATION ON REQUESTING ORGANIZATION:                                                                                                                       |                                                                            |                                                                                                                                                                                                                                                                       |
| Name of Group:                                                                                                                                               |                                                                            | Non-Profit:                                                                                                                                                                                                                                                           |
| Purpose of Group/Type of Activities to Take Place in the Library:                                                                                            |                                                                            | Yes 🔯 No 🔿                                                                                                                                                                                                                                                            |
| rurpose of Group/Type of Activities to Take Flace in the Library:                                                                                            |                                                                            |                                                                                                                                                                                                                                                                       |
| TUTORINA                                                                                                                                                     |                                                                            |                                                                                                                                                                                                                                                                       |
| Primary Contact Person:                                                                                                                                      | Po                                                                         | osition in Group:                                                                                                                                                                                                                                                     |
| Table 2 and 1                                                                                                                                                |                                                                            | TUTOR                                                                                                                                                                                                                                                                 |
| Full Mailing Address:                                                                                                                                        | SF.                                                                        | # 502                                                                                                                                                                                                                                                                 |
| PSO SUTTER STREET  Day Phone: 7H H65                                                                                                                         | Evening Phone:                                                             |                                                                                                                                                                                                                                                                       |
| Secondary Contact Person:                                                                                                                                    | Po                                                                         | osition in Group:                                                                                                                                                                                                                                                     |
|                                                                                                                                                              |                                                                            | •                                                                                                                                                                                                                                                                     |
| Full Mailing Address:                                                                                                                                        |                                                                            |                                                                                                                                                                                                                                                                       |
| Day Phone:                                                                                                                                                   | Evening Phone:                                                             |                                                                                                                                                                                                                                                                       |
| gainst any and all loss, damage, injury, liability, and claim th                                                                                             | activities incluses of whether void or other ept where such contributed to | uding, but not limited to use of the City's facili<br>liability without fault is imposed or sought to<br>rwise unenforceable under applicable law in ef<br>h loss, damage, injury, liability or claim is the re<br>to by any act of, or by any omission to perform so |
|                                                                                                                                                              |                                                                            | (8) out of organization, its agence of employee                                                                                                                                                                                                                       |
| (identify group or orga<br>ability, including attorney's fees, court costs, litigation expen<br>avestigation or defense thereof, which may be entered, incur | ses and all oth                                                            | indemnify and hold City harmless from all loss<br>her liabilities incurred in and about any such cl<br>ed as a result of the foregoing.                                                                                                                               |
| certify I have read the meeting room rules, Waiver of Liabilit                                                                                               | y, and Conditi                                                             | ons of Use and agree to all provisions of the abo                                                                                                                                                                                                                     |
| WARREN MIKLES I                                                                                                                                              | (signature)                                                                | Jan 5 1996 (de                                                                                                                                                                                                                                                        |
| WARREN MIKLES A. MIKE                                                                                                                                        |                                                                            | 7                                                                                                                                                                                                                                                                     |
| SPECIAL AL                                                                                                                                                   | JTHORIZATIO                                                                | ON. , INS                                                                                                                                                                                                                                                             |
| REFRESHMENTS: (initials of authorizing aut                                                                                                                   |                                                                            | OK NA                                                                                                                                                                                                                                                                 |
| TEES PAID/WAIVED: Room rental: \$ rec                                                                                                                        | 'd/waived by:                                                              | 11.0                                                                                                                                                                                                                                                                  |
| Key Deposit: \$ rec<br>Janitorial: \$ rec                                                                                                                    | 'd/waived by:                                                              |                                                                                                                                                                                                                                                                       |
|                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                       |
| Approved Disapproved Room Not Available:                                                                                                                     |                                                                            | gested:                                                                                                                                                                                                                                                               |
| SY: BRANCH/MAIN MANAGER: No Certle                                                                                                                           | The                                                                        | effer                                                                                                                                                                                                                                                                 |
| SFPL - 15                                                                                                                                                    |                                                                            | U 4 47610 SEPL: ECONO                                                                                                                                                                                                                                                 |



# # 31a

SFPI. - 15

### SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING BOOMS

| JAN | 8 1996 |
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DO Cadopted 24 Expiration Date: NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. Dates Requested: Jan 6, Feb 3, May 4. June 1, 198 1:30-3:30pm WESTERN ADDITION BRANCH Attendance Expected: Describe event or purpose of meeting: club meeting + cultural program (all welcome) INFORMATION ON REQUESTING ORGANIZATION: Non-Profit: rancisco Esperanto Regional Organizat Itural + Educational program + club meeting Secondary Contact Person: Full Mailing Address: Hilkbornel No . If yes, attach insurance rider. CONDITIONS FOR USE: Insurance required? Yes (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on. City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on (group or organization), its agents or employee. \_\_(identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: (signature) Charles Cadio Jr. SPECIAL AUTHORIZATION: REFRESHMENTS: (initials of authorizing authority). ON 18/8/9/9/ FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: rec'd/waived by: Key Deposit: \$ Janitorial: rec'd/waived by: Disapproved Room Not Available: Alternate Suggested: BY: BRANCH/MAIN MANAGER:



3F 275 SAN FRANCISCO PUBLIC LIBRARY ΑF #3/a

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Dates Requested: 2nd Wed Every Month -

Jan. 10 (1st use)

| 0, 11     |     |     | ~ ~ | . 022.0       |         |       |
|-----------|-----|-----|-----|---------------|---------|-------|
| PLICATION | FOR | USE | OF  | <b>PUBLIC</b> | MEETING | Rooms |

Expiration Date:

Time Requested:

6:30-8:30

| JAN | 4 1996 | SFPL - 15    |
|-----|--------|--------------|
| OMS | (Adop  | ted 9/15/92) |

DOCUMENTS DEPT.

JAN 1 0 1996

| Describe event or purpose of meeting:  Roller Divas women's skatny club membership meeting  INFORMATION ON REQUESTING ORGANIZATION:  Name of Group:  Roller Divas  Non-Profit:  Yes & No O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Roller Divas women's skating all membership meeting INFORMATION ON REQUESTING ORGANIZATION:  Name of Group:  Non-Profit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name of Group: Non-Profit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Purpose of Group/Type of Activities to Take Place in the Library: Administrative journess, event planning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Primary Contact Person: Kelly McCown Position in Group: Organizer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Full Mailing Address: 1271 11th Ave \$2 SF 94127  Day Phone: 465 - 0334  Secondary Contact Person: Anna Stubbs Position in Group: Organizer  Full Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Day Phone: U65-0336 Evening Phone: Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Secondary Contact Person: Anna Stubbs Position in Group: Organizer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Full Mailing Address: 4609 Can forma St. SF  Day Phone: 771-4317 Evening Phone: Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Day Phone: 271-4317 Evening Phone: Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees the Roller Diversity, liability, and claim thereof for injury to or death of a person, including employees the Roller Diversity, liability or organization) activities including, but not limited to use of the City's facility or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effo on or validity retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the resof active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform so duty imposed by law or contract on Roller Diversity (group or organization), its agents or employee.  **Roller Diversity** [identify group or organization]** (group or organization), its agents or employee.  **Roller Diversity** [identify group or organization]** (group or organization) and hold City harmless from all loss a liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such clain investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.  I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the about the such as a such conditions of Use and agree to all provisions of the about the such as a su |
| REFRESHMENTS: (initials of authorizing authority).  REFRESHMENTS: (initials of authorizing authority).  Room rental: \$ rec'd/waived by:  Key Deposit: \$ rec'd/waived by:  Janitorial: \$ rec'd/waived by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Approved Disapproved Room Not Available: Alternate Suggested:  BY: BRANCH/MAIN MANAGER:  MMY M. J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |



# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

01/12/96

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#### Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm Expiration date: 05/01/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 2/7/96: 6 pm Expiration date: 02/08/96 JAN 16 1996

PUBLIC LIBRARY

### Bernal Heights

Bernal Books Writers Group - Eileen McCann 337 Elsie St, SF, CA 94110; TEL: 282-0794 1/11, 12/20 & 3/19/96: 7-8:30 pm Expiration date: 03/20/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Tues 2/13/96: 6 pm Expiration date: 02/14/96

#### Excelsion

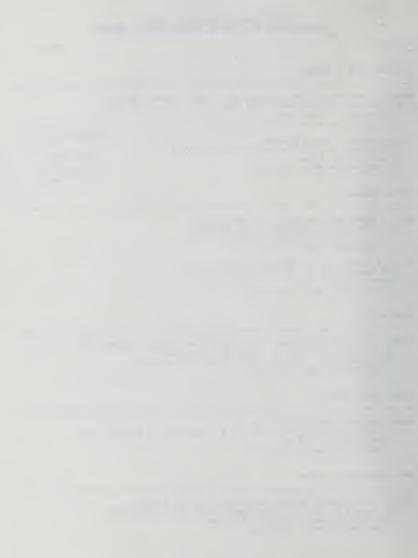
CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

#### Golden Gate Valley

Agnes Quigley - John Allen 1126 Filbert St, SF, CA 94109; TEL: D 928-7991, E 707-869-1624 Tues 1/16/96: 1-2 pm Expiration date: 01/17/96

#### Noe Valley/Sally Brunn

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo 1037 Church St, SF, CA 94114; TEL: D 768-2777, E 648-7312 1st Tuesdays beg. 10/3/95: 6:30 pm Expiration date: 03/06/96



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Health Net Seniority Plus - Andy Swanson One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961 2nd & 4th Thursdays: 2-3:30 pm Expiration date: 02/23/96

Project Read - Kerry Engler 662 Clayton St #6, SF, CA 94117; TEL: 255-1480 Tuesdays, except 1st Tuesday of month: 6-8 pm Expiration date: 06/26/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96

#### Park

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEE: D 621-9553, E 564-8757
2nd Thursdays (except 12/14/95): 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse 409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757 3rd Thursdays (2nd Thursday in 1/96): 1-3 pm Expiration date: 02/16/96

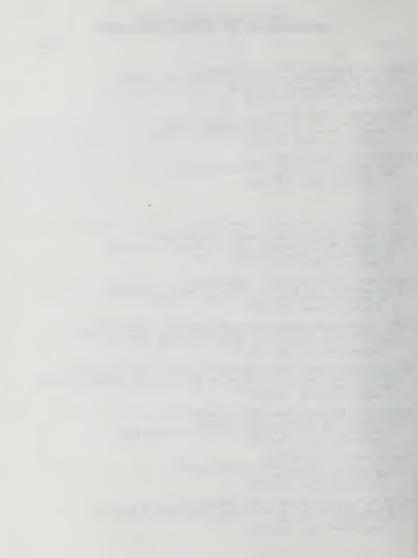
NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456, Pager 560-1110 Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm Expiration date: 03/27/96

National Health Federation/San Francisco Chapter - Shirley Potasz 1330 Schooner, Foster City, CA 94404; TEL: 341-0548; Messages 349-8169 Sat 1/20/96 & 2/24/96: 1-4 pm Expiration date: 02/25/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 \*11/11/95; \*\*1/9/96 & 4/9/96: \* 10-12; \*\* 6:30-9 pm Expiration date: 04/10/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 2/28/96: 6-8:30 pm Expiration date: 02/29/96

Reform Party of California - Paul Spoltore 840 Post St #906, SF, CA 94109; TEL: D 802-7888; E 292-4375 Sat 1/27/96: 11-3 pm Expiration date: 01/28/96



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Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 2nd Wednesdays beginning 1/10/96: 6:30-8:30 pm Expiration date: 07/11/96

San Francisco Bicycle Coalition (SFBC) - David Snyder 1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406 1st Tuesdays beg. 12/5/95: 6-10 p.m. Expiration date: 05/08/96

#### Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn 1034 Capitol Ave, SF, CA 94112; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

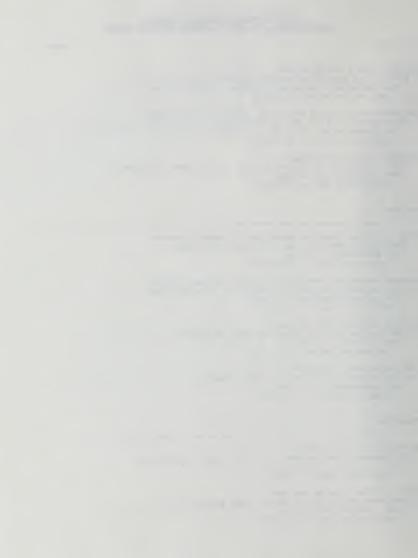
Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 1/17/96: 6-8:30 pm Expiration date: 01/18/96

Starr King Park - Jane Fay
96 Caire Ter, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 05/09/95

#### Presidio

Earthwatch - Claire Nelson 180 Ravenhill Rd, Orinda, CA 94563; TEL: 510-254-5113 2/21 & 3/1/96: 6:30-9 pm Expiration date: 03/02/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96



# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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SF Chapter of National Stuttering Project - Hardy Dawainis 100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431 Tuesdays: 6-9 pm Expiration date: 03/27/96

#### Richmond

The Housing Committee - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 03/31/96

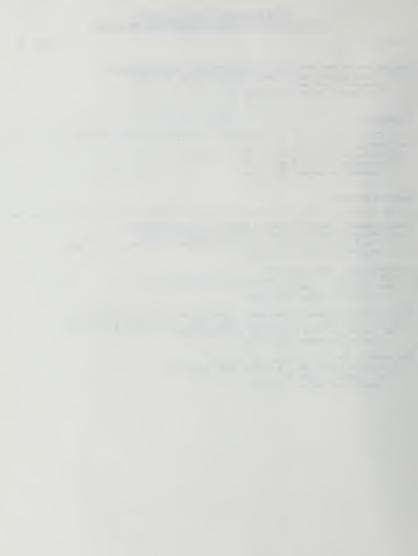
#### Western Addition

ELNA-Esperanto League of North America - Gigi Harabagiu
837 Geary St #205, SF, CA 94109-7202; TEL: 928-8493
2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm
Expiration date: 03/28/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/20/96: 6-8:30 pm Expiration date: 03/21/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96

The Horatio Society - Katherine Chiljan 1050 Franklin St, SF, CA 94109; TEL: 923-0451 Sat 1/20/96: 4:30 pm Expiration date: 01/21/96



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/SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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JAN 1 9 1996

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Bayview/Anna E. Waden

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#### Bernal Heights

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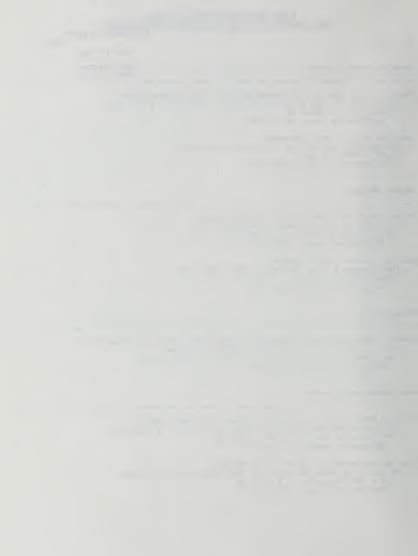
#### Excelsion

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm Expiration date: 06/13/96

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Health Net Seniority Plus - Andy Swanson One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961 2nd & 4th Thursdays: 2-3:30 pm Expiration date: 02/23/96



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Project Read - Kerry Engler 662 Clayton St #6, SF, CA 94117; TEL: 255-1480 Tuesdays, except 1st Tuesday of month: 6-8 pm Expiration date: 06/26/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96

#### Park

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757
2nd Thursdays (except 12/14/95): 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757
3rd Thursdays (2nd Thursday in 1/96): 1-3 pm
Expiration date: 02/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456, Pager 560-1110 Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm Expiration date: 03/27/96

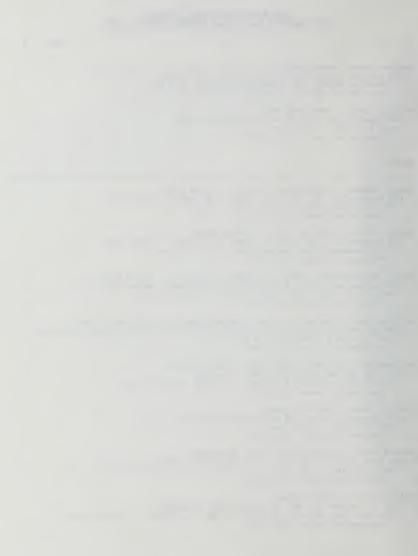
National Health Federation/San Francisco Chapter - Shirley Potasz 1330 Schooner, Foster City, CA 94404; TEL: 341-0548; Messages 349-8169 Sat 1/20/96 & 2/24/96: 1-4 pm Expiration date: 02/25/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 \*11/11/95; \*\*1/9/96 & 4/9/96: \* 10-12; \*\* 6:30-9 pm Expiration date: 04/10/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 2/28/96: 6-8:30 pm Expiration date: 02/29/96

Reform Party of California - Paul Spoltore 840 Post St #906, SF, CA 94109; TEL: D 802-7888; E 292-4375 Sat 1/27/96: 11-3 pm Expiration date: 01/28/96

Roller Divas - Kelly McCown
1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336
2nd Wed. beg. 1/10/96 (except 3rd Wed. in 2/96): 6:30-8:30 pm
Expiration date: 07/11/96



# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

01/19/96

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San Francisco Bicycle Coalition (SFBC) - David Snyder 1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406 1st Tuesdays beg. 12/5/95: 6-10 p.m. Expiration date: 05/08/96

#### Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn 1034 Capitol Ave, SF, CA 94112; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Starr King Park - Jane Fay
96 Caire Ter, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 05/09/95

#### Presidio

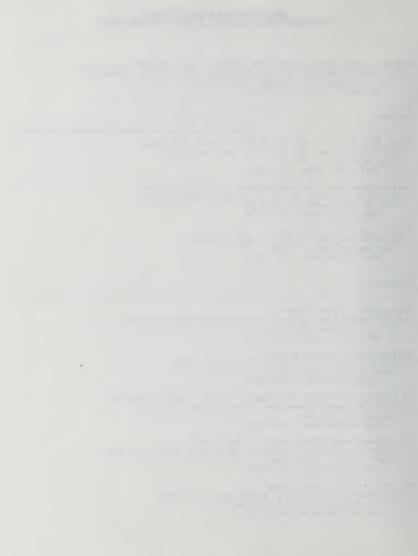
Earthwatch - Claire Nelson 180 Ravenhill Rd, Orinda, CA 94563; TEL: 510-254-5113 2/21 & 3/1/96: 6:30-9 pm Expiration date: 03/02/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96

SF Chapter of National Stuttering Project - Hardy Dawainis 100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431 Tuesdays: 6-9 pm Expiration date: 03/27/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Tues 3/5/96: 7-8:30 pm
Expiration date: 03/06/96

St. Francis ITC - Edna Olson
517 Newman Dr, So. SF, CA 94080; TEL: 761-1553
2nd & 4th Tuesdays: 7-8:45 pm
Expiration date: 06/26/96



01/19/96

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### Richmond

The Housing Committee - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 03/31/96

#### Western Addition

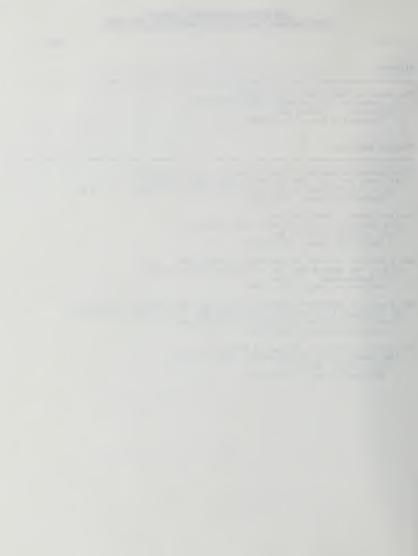
ELNA-Esperanto League of North America - Gigi Harabagiu 837 Geary St #205, SF, CA 94109-7202; TEL: 928-8493 2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm Expiration date: 03/28/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/20/96: 6-8:30 pm Expiration date: 03/21/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96

The Horatio Society - Katherine Chiljan 1050 Franklin St, SF, CA 94109; TEL: 923-0451 Sat 1/20/96: 4:30 pm Expiration date: 01/21/96



# SAN FRANCISCO PUBLIC LIBRARY

IAN 8 1996 (Adopted 9/15/92) DOCUMENTS DEDT

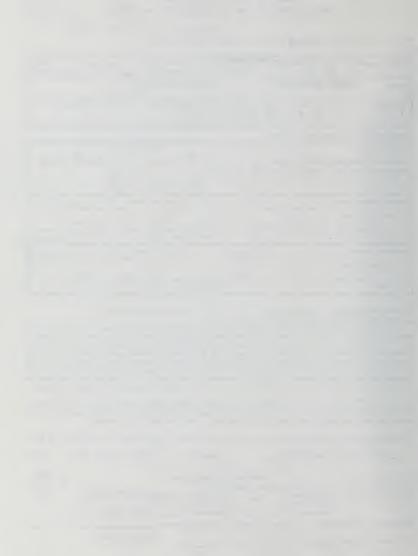
APPLICATION FOR USE OF PUBLIC MEETING ROOMS

Expiration Date: NQTE: Complete this form in duplicate and submit to Manager of Requested Facility. JAN 1 0 1996 SAN FRANCISCO Dates Requested: Time Requested: January 20, 1996 PUBLIC LIBRARY Attendance Expected: Facility: Describe event or purpose of meeting neveral heeting INFORMATION OF REQUESTING ORGANIZATION: Name of Group: Non-Profit: THE HORATIO SOCIETY Yes & No O Purpose of Group/Type of Activities to Take Place in the Library: GENERAL MEETING FOR A NEW SHAKESPEARE ATHERINE CHILTAN Full Mailing Address: FRANKLIN ST. Position in Group: leader Full Mailing Address: Day Phone: 415 337.9171 Evening Phone: CONDITIONS FOR USE: Insurance required? Yes \( \square\) No \( \square\). If yes, attach insurance rider. Horasson Society (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury flaulity, and claim thereof for injury to or death of a person, including employees of the LAT (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on THE HOLATIO SCIENCE group or organization), its agents or employee. Hold To Sauty (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting from rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: (date). SPECIAL AUTHORIZATION: Room rental: \$\_\_\_\_\_ rec'd/waived by: REFRESHMENTS: FEES PAID/WAIVED: rec'd/waived by: Key Deposit: \$ rec'd/waived by: Approved Disapproved DRoom Not Available: Alternate Suggested: BY: BRANCH/MAIN MANAGER: Coan

SFPL - 15



SAN FRANCISCO PUBLIC LIBRARY SEPL - 15 APPLICATION FOR USE OF PUBLIC MEETING BOOMS (Adonted 9/15/92) Expiration Date: Fol. NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. Carta Time Requested: 1 PM - set up Dates Requested: 99692-4 meeting att 20.20 Attendance Expected: 9 6 PARK BRANCH Facility Stearth Education -Describe event or purpose of meeting: INFORMATION ON REQUESTING ORGANIZATION national Health Federation Name of Group: Non-Profit: Yes No O Purpose of Group/Type of Activities to Take Place in the Library: Education in health case, Primary Contact Person: Full Mailing Address: Secondary Contact Person: Full Mailing Address: Day Phone: CONDITIONS FOR USE: Insurance required? Yes \( \square\) No \( \square\). If yes, attach insurance rider. dang Sangigle (Marty forting anization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on (group or organization), its agents or employee. \_(identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: Var. 28 95 SPECIAL AUTHORIZATION: (initials of authorizing authority). REFRESHMENTS: FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: Key Deposit: \$ rec'd/waived by: Janitorial: rec'd/waived by: Approved Disapproved Room Not Available: Alternate Suggested: SAN FRANCISCO PUBLIC LIBRARY BY: BRANCH/MAIN MANAGER:



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## SAN FRANCISCO PUBLIC LIBRARY

APPLICATIONS for USE of BRANCH MEETING ROOMS

Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm

Expiration date: 05/01/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 2/7/96: 6 pm

Expiration date: 02/08/96

DOCUMENTS DEDT

JAN 26 1996

SAN FRANCISCO Sri Chinmoy Meditation Centre - Dhvaja Dorn 74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049 Sat 3/9/96: 10-noon Expiration date: 03/10/96

Bernal Heights

Bernal Books Writers Group - Eileen McCann 337 Elsie St. SF. CA 94110; TEL: 282-0794 1/11, 12/20 & 3/19/96: 7-8:30 pm Expiration date: 03/20/96

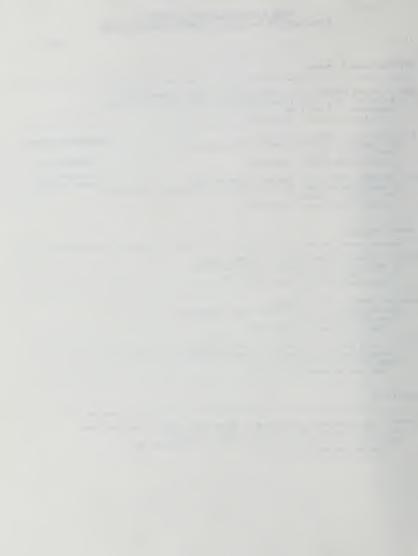
Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Tues 2/13/96: 6 pm Expiration date: 02/14/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn 74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049 Tues 3/5/96: 7-9 pm Expiration date: 03/06/96

Excelsion

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm Expiration date: 06/13/96

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### Golden Gate Valley

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
 Thurs 3/7, 3/14, 3/21 & 3/28/96: 5-7 pm
 Expiration date: 03/29/96

### Noe Valley/Sally Brunn

East & West of Castro St. Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo 1037 Church St, SF, CA 94114; TEL: D 768-2777, E 648-7312 1st Tuesdays beg. 10/3/95: 6:30 pm Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961 2nd & 4th Thursdays: 2-3:30 pm Expiration date: 02/23/96

Project Read - Kerry Engler 662 Clayton St #6, SF, CA 94117; TEL: 255-1480 Tuesdays, except 1st Tuesday of month: 6-8 pm Expiration date: 06/26/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96

#### Park

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757
2nd Thursdays (except 12/14/95): 7 pm
Expiration date: 02/09/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757
3rd Thursdays (2nd Thursday in 1/96): 1-3 pm
Expiration date: 02/16/96



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Haight Ashbury Street Fair - Pablo Heising 952 Ashbury St, SF, CA 94117; TEL: 661-8025 4/25 & 5/30/96: 7-8:30 pm Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456, Pager 560-1110 Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm Expiration date: 03/27/96

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Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 2/28/96: 6-8:30 pm Expiration date: 02/29/96

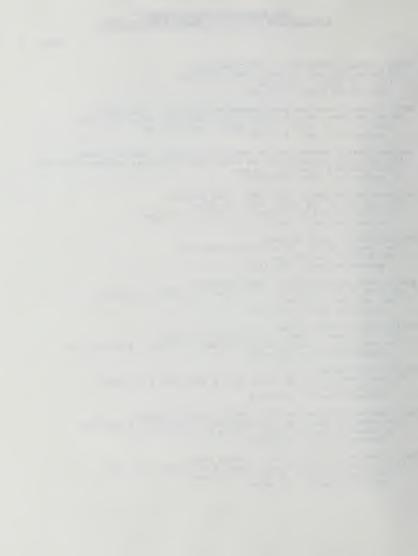
Reform Party of California - Paul Spoltore 840 Post St #906, SF, CA 94109; TEL: D 802-7888; E 292-4375 Sat 1/27/96: 11-3 pm Expiration date: 01/28/96

Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 2nd Wed. beg. 1/10/96 (except 3rd Wed. in 2/96): 6:30-8:30 pm Expiration date: 07/11/96

Rupali - Dhvata Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Fri 3/1/96: 6-9 pm
Expiration date: 03/02/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
3/8/96\* & 3/9/96\*\*: \* 11-1; \*\* 4-6 pm
Expiration date: 03/10/96



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### Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn 1034 Capitol Ave, SF, CA 94112; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Starr King Park - Jane Fay 96 Caire Ter, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 05/09/95

#### Presidio

Earthwatch - Claire Nelson
180 Ravenhill Rd, Orinda, CA 94563; TEL: 510-254-5113
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Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96

SF Chapter of National Stuttering Project - Hardy Dawainis 100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431 Tuesdays: 6-9 pm Expiration date: 03/27/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
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St. Francis ITC - Edna Olson
517 Newman Dr, So. SF, CA 94080; TEL: 761-1553
2nd & 4th Tuesdays: 7-8:45 pm
Expiration date: 06/26/96



## SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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### Richmond

The Housing Committee - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 03/31/96

#### Western Addition

ELNA-Esperanto League of North America - Gigi Harabagiu 837 Gearry St #205, SF, CA 94109-7202; TEL: 928-8493 2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm Expiration date: 03/28/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/20/96: 6-8:30 pm Expiration date: 03/21/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96



SAN FRANCISCO PUBLIC LIBRARY DEC 27 1995 SEPL - 15 APPLICATION FOR USE OF PUBLIC MEETING ROOMS Expiration Date: NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. Dates Requested: Time Requested: Saturday Jan 27th 1996

Cilliv: PARK BRANCH 11:00 - 3 00 pm (11:00 am - 12 room for setu Attendance Expected: DOCUMENTS DEP Describe event or purpose of meeting: JAN 0 3 1996 Formation meeting for a local Reform Party chapier. SAN FRANCISCO PUBLIC LIBRARY INFORMATION ON REQUESTING ORGANIZATION: Non-Profit: Name of Group: Yes No O Reform Party of California Purpose of Group/Type of Activities to Take Place in the Library: Formation meeting of a newly recognized political party in Santrancises Position in Group: Chair of S.F. Ad-Hoc Primary Contact Person: iul Spoitore 840 Post St # 906 Full Mailing Address: San Francisco, C+ 94109 Evening Phone: 4,5-292-4375 Day Phone: 415-802-7888 Secondary Contact Person: Position in Group: Density oh 840 Post 5+ #306 Full Mailing Address: San Francisco, CA 94109 Evening Phone: CONDITIONS FOR USE: Insurance required? Yes . No . If yes, attach insurance rider. Reform last 4 Ad-the (mte) (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Reform Parky (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Reform Party (group or organization), its agents or employee. \_\_(identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: (signature) 12/32/95 (date). SPECIAL AUTHORIZATION: REFRESHMENTS: (initials of authorizing authority). FEES PAID/WAIVED: Room rental: \$ rec'd/waived by:

Key Deposit: \$ rec'd/waived by:

Janitorial:

Disapproved

BY: BRANCH/MAIN MANAGER:

Approved

rec'd/waived by:

Room Not Available: Alternate Suggested:

0/5/8 may mong

# 75 APPLICATION FOR USE OF PU

SAN FRANCISCO PUBLIC LIBRARY

APPLICATION FOR USE OF PUBLIC MEETING ROOMS

DEC 2 8 1995

Adopted 9/15/92)

| 1//                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                   |                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| a                                                                                                                                                                                                                                                                                                                                                                                                         | Expiration Date                                                                                       | :                                                                                                                                                 | DOCUMENTS DE                                                                                                                        |
| IOTE: Complete this form in duplicate and submit to Mana                                                                                                                                                                                                                                                                                                                                                  | ger of Requested                                                                                      | Facility.                                                                                                                                         | 0000                                                                                                                                |
| 5/45                                                                                                                                                                                                                                                                                                                                                                                                      | 7                                                                                                     | *                                                                                                                                                 | JAN 0 3 1996                                                                                                                        |
| Dates Requested: Feb 7 <sup>th</sup> , 1996 - WED                                                                                                                                                                                                                                                                                                                                                         | Time Requested:                                                                                       | 6:00 p.m.                                                                                                                                         | SAN FRANCISC                                                                                                                        |
| Facility: BAYVIEW - A.E. WADEN BRANCH #13                                                                                                                                                                                                                                                                                                                                                                 | Attendance Expe                                                                                       | rted: 15 - 30                                                                                                                                     | PUBLIC LIBRA                                                                                                                        |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                   |                                                                                                                                     |
| An informative lecture which dis                                                                                                                                                                                                                                                                                                                                                                          | cusses the                                                                                            | advancements                                                                                                                                      | of science +                                                                                                                        |
| FORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       |                                                                                                                                                   |                                                                                                                                     |
| Name of Group:                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                       | Non-Profit:                                                                                                                                       | /                                                                                                                                   |
| Purpose of Group/Type of Activities to Take Place in the Library:                                                                                                                                                                                                                                                                                                                                         |                                                                                                       | Yes @                                                                                                                                             | No O                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |                                                                                                                                                   |                                                                                                                                     |
| Group purpose - to inform the Primary Contact Person: Kevin McGowan                                                                                                                                                                                                                                                                                                                                       | public of                                                                                             | recent scienti                                                                                                                                    | fic advances                                                                                                                        |
| Primary Contact Person:                                                                                                                                                                                                                                                                                                                                                                                   | Positi                                                                                                | on in Group:                                                                                                                                      | ntoc                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |                                                                                                                                                   | Jaior                                                                                                                               |
| 140 A Langton St., S.                                                                                                                                                                                                                                                                                                                                                                                     | F., CA.                                                                                               | 74103                                                                                                                                             |                                                                                                                                     |
| Day Phone: 863-5173                                                                                                                                                                                                                                                                                                                                                                                       | Evening Phone:                                                                                        | Same                                                                                                                                              |                                                                                                                                     |
| Secondary Contact Person: Felix Clair Voyant                                                                                                                                                                                                                                                                                                                                                              | Positi                                                                                                | on in Group:<br>CLOCESEN                                                                                                                          | 7,1                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |                                                                                                                                                   | ranve                                                                                                                               |
| Day Phone: (415) 856-4055                                                                                                                                                                                                                                                                                                                                                                                 | o Alto, C                                                                                             | A. 94303                                                                                                                                          |                                                                                                                                     |
| Day Phone: (415) 856-4055                                                                                                                                                                                                                                                                                                                                                                                 | Evening Phone:                                                                                        | 856-4055                                                                                                                                          |                                                                                                                                     |
| CONDITIONS FOR USE: Insurance required? Yes                                                                                                                                                                                                                                                                                                                                                               | ,                                                                                                     |                                                                                                                                                   |                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       |                                                                                                                                                   |                                                                                                                                     |
| gainst any and all loss, damage, injury, liability, and claim it ne Raelian Group (group or organization) requipment, regardless of the negligence of, and regardle aposed on, City, except to the extent that such indemnity is no rvalidly retroactive to the date of this agreement and exc factive negligence or willful misconduct of City and/or is not uty imposed by law or contract on Raelian G | activities includi<br>ss of whether lia<br>void or otherwise<br>to where such lo<br>contributed to by | ng, but not limited to use<br>bility without fault is im-<br>se unenforceable under a<br>ss, damage, injury, liabili<br>vany act of, or by any om | of the City's facilities<br>posed or sought to be<br>pplicable law in effect<br>ty or claim is the result<br>ission to perform some |
| Raelian Gfale (identify group or orga<br>ability, including attorney's fees, court costs, litigation expen<br>westigation or defense thereof, which may be entered, incur                                                                                                                                                                                                                                 | nization) shall inc<br>uses and all other<br>tred or assessed a                                       | demnify and hold City har<br>liabilities incurred in and<br>as a result of the foregoin                                                           | mless from all loss and<br>I about any such claim<br>ng.                                                                            |
| certify I have read the meeting room rules, Waiver of Liabilit                                                                                                                                                                                                                                                                                                                                            | y, and Conditions                                                                                     | of Use and agree to all p                                                                                                                         | provisions of the above:                                                                                                            |
| Kein m Eyon                                                                                                                                                                                                                                                                                                                                                                                               | (signature)                                                                                           | 12-26-                                                                                                                                            | 95 (date).                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                           | JTHORIZATION: hority). 'd/waived by: 'd/waived by:                                                    |                                                                                                                                                   | of mor at                                                                                                                           |
| Approved Disapproved Room Not Available:                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                       | ted:                                                                                                                                              |                                                                                                                                     |
| Y: BRANCH/MAIN MANAGER: \ atte                                                                                                                                                                                                                                                                                                                                                                            | Le                                                                                                    |                                                                                                                                                   |                                                                                                                                     |

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### SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 01/15/92)3 1995

mark Expiration Date:\_\_\_ NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

| Dates Requested:<br>TURS 2045, Feb. 13, 20,27, Mar. 12,26,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Time Requered 6:30-9:3                      | 'O               |  |  |
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| Facility: Park Branch Meding Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Attendance Expected.                        |                  |  |  |
| Describe event or purpose of meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                  |  |  |
| Diaster Training for neighborhood sponsored by S.F. Fire Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                  |  |  |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                  |  |  |
| Name of Group: NERT- Neighborhood Energency Response Training Non-Profit: Yes & NO O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                  |  |  |
| Purpose of Group/Type of Activities to Take Place in the Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                  |  |  |
| Disaster Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |                  |  |  |
| Primary Contact Person: Frank Lucir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Position in Group:<br>Coordinator of cityw  | ido frainiso     |  |  |
| Full Mailing Address S.F. Fire Dept.  200 Golden Gate SF 94102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                  |  |  |
| Day Phone: 558-3456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Evening Phone: 570-1110 page                | L                |  |  |
| Secondary Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Position in Group:<br>coordinator of Haight |                  |  |  |
| Tes Welborn Full Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 CCCTCLING TOT OF MAYON                    | - Haming         |  |  |
| Day Phone: 752-9297                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Evening Phone: 752-8520                     |                  |  |  |
| 132 1811                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 70 01 001                                   |                  |  |  |
| CONDITIONS FOR USE: Insurance required? Yes \int No \int I yes, attach insurance rider.  NERT (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the \textit{NERT} (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on \textit{NERT} (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. |                                             |                  |  |  |
| I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                  |  |  |
| Tes Wellow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (signature) 10-19-95                        | (date). W        |  |  |
| REFRESHMENTS: // (initials of authorizing aut<br>FEES PAID/WAIVED: Room rental: \$ rec<br>Key Deposit: \$ rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /waived by:                                 | he grefer progle |  |  |
| SFPL - 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                  |  |  |
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| APPLICATION FOR USE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 ODLIO LIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BRARY FEB                                                                                                                                                                                                                                                                                                  | 5 1996 SFPL - 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| NOTE: Complete this form in duplicate and submit to Manag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Primary Contact Person: STAN FLOURIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FOSI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ion in Group. 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| Full Mailing Address:  /227 MASONIC #9  Day Phone: (4/5) 552-8269  Secondary Contact Person: COSI FABIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Day Phone: (415)552-8269                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Evening Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 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| Full Mailing Address:  909 ASABURY AP1  Day Phone: (415) 564-2215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - 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| CONDITIONS FOR USE: Insurance required? Yes Annual Manager State of the Register of the State of the Register of the Regardless of the negligence of, and regardless of the negligence of, and regardless of the this agreement and except on validly retroactive to the date of this agreement and except active negligence or willful misconduct of City and/or is not of uty imposed by law or contract on H.A.G.S. (identify group or organisation of the state of the s | sization) shall in<br>ereof for injury in<br>activities includi:<br>s of whether lia<br>void or otherwis<br>pt where such lo<br>contributed to by<br>(gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | demnify and save har o or death of a persor ag, but not limited to o bility without fault is i e unenforceable unde ss, damage, injury, liab any act of, or by any c oup or organization), it temnify and hold City it                                                                                     | mless the City from an an including employees use of the City's facilitis imposed or sought to be applicable law in effectivity or claim is the resumission to perform som to agents or employee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Dates Requested:                                                                                     | 3RD THURSDAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Describe event or                                                                                    | purpose of meeting: $\mathcal{GH}/\mathcal{L}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Secondary Contact                                                                                    | 1227 MASONIC<br>15)552-8269<br>Person: COSI FAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Day Phone: (//                                                                                       | 909 ASABURY<br>5) 564-2275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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(27)                                                                                     | 7767-2275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lvoining 1                                                                                                    | 10110.                                                               | - 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                                                                  | nization) sh                                                                                                  | nall inder                                                           | nnify and save                                                                                                                         | harmless                                                                   | the City from<br>iding employee<br>the City's facili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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SF P75

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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### Bayview/Anna E. Waden

African American Contractors of San Francisco - Willie Ratcliff 4401 Third St, SF, CA 94124; TEL: D 695-1833; E 647-6409 Sat 2/17/96: 10 am Expiration date: 02/18/96

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm Expiration date: 05/01/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Sat 3/9/96: 10-noon
Expiration date: 03/10/96

DOCUMENTS DEPT.

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 3/30/96: 10:30-11:30 am Expiration date: 03/31/96

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#### Bernal Heights

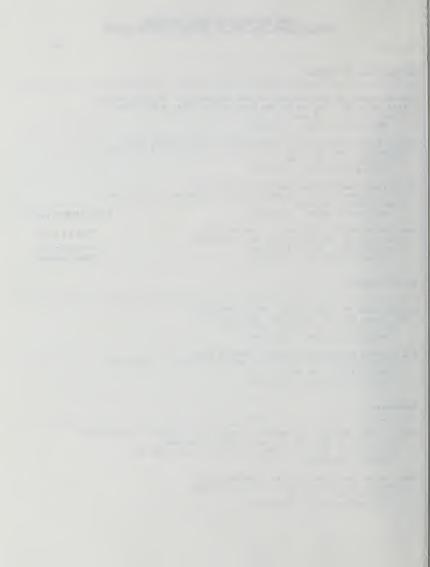
Bernal Books Writers Group - Eileen McCann 337 Elsie St, SF, CA 94110; TEL: 282-0794 1/11, 12/20 & 3/19/96: 7-8:30 pm Expiration date: 03/20/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Tues 3/5/96: 7-9 pm
Expiration date: 03/06/96

#### Excelsior

CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Wed 3/20/96: 7:30 pm Expiration date: 03/21/96



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### Golden Gate Valley

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Thurs 3/7, 3/14, 3/21 & 3/28/96: 5-7 pm
Expiration date: 03/29/96

### Noe Valley/Sally Brunn

East & West of Castro St. Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96

Friends for Life - Karen Strauss SFPL, Civic Center, SF, CA 94102; TEL: 557-4351 Tues 2/27/96: 5:45-8:30 pm Expiration date: 02/28/96

Friends of the San Francisco Public Library - Margie O'Driscoll Civic Center, SF, CA 94102; TEL: 557-4257 Tues 2/20/96: 5-8 pm Expiration date: 02/21/96

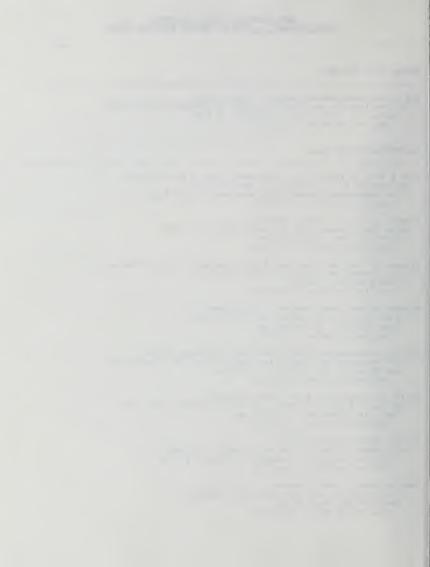
Friends of the Urban Forest - Dan Iglhaut 545 Sanchez St, SF, CA 94114; TEL: 861-4520 Tues 3/26/96: 6:30-8:45 pm Expiration date: 03/27/96

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo
1037 Church St, SF, CA 94114; TEL: D 768-2777, E 648-7312
1st Tuesdays beg. 10/3/95: 6:30 pm
Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Project Read - Kerry Engler 662 Clayton St #6, SF, CA 94117; TEL: 255-1480 Tuesdays, except 1st Tuesday of month: 6-8 pm Expiration date: 06/26/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96



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Park

Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96

Haight Ashbury Service Assoc. - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553, E 564-8757
3rd Thursdays (2nd Thursday in 1/96): 1-3 pm
Expiration date: 02/16/96

Haight Ashbury Street Fair - Pablo Heising
952 Ashbury St, SF, CA 94117; TEL: 661-8025
4/25 & 5/30/96: 7-8:30 pm
Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456, Pager 560-1110 Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm Expiration date: 03/27/96

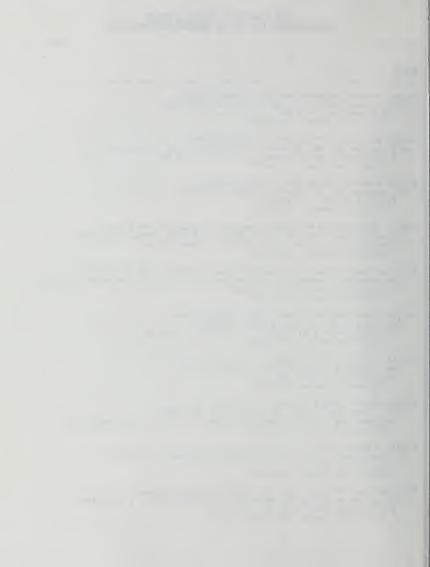
National Health Federation/San Francisco Chapter - Shirley Potasz 1330 Schooner, Foster City, CA 94404; TEL: 341-0548; Messages 349-8169 Sat 1/20/96 & 2/24/96: 1-4 pm Expiration date: 02/25/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 2/28/96: 6-8:30 pm Expiration date: 02/29/96

Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 2nd Wed. beg. 1/10/96 (except 3rd Wed. in 2/96): 6:30-8:30 pm Expiration date: 07/11/96

Rupali - Dhvata Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Fri 3/1/96: 6-9 pm
Expiration date: 03/02/96



### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
3/8/96\* & 3/9/96\*\*: \* 11-1; \*\* 4-6 pm
Expiration date: 03/10/96

Youth Unity Movement (YUM) - Robert Jackson 1438 Page St, SF, CA 94117; TEL: 621-8294 Thurs 2/22/96: 8-10 pm Expiration date: 02/23/96

#### Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn 1034 Capitol Ave, SF, CA 94112; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Potrero Hill Garden Club - Mia Amato 1459 - 18th St, Box 169, SF, CA 94107; TEL: D 285-6807; E 821-2801 Sat 2/17/96: 1-4 pm Expiration date: 02/18/96

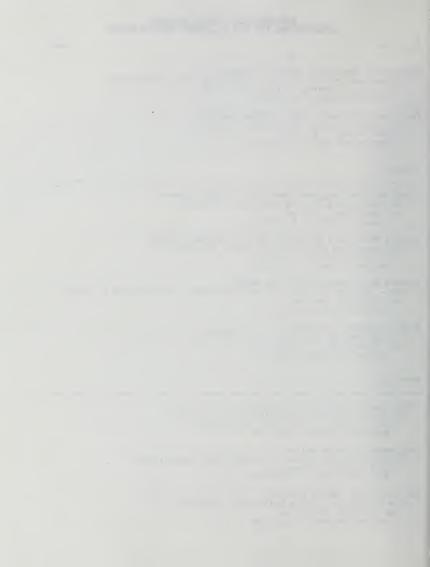
Starr King Park - Jane Fay
96 Caire Ter, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 05/09/95

#### Presidio

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 Tues 2/20, 3/19 & 4/16/96: 6:45-8:45 pm Expiration date: 04/17/96

Earthwatch - Claire Nelson
180 Ravenhill Rd, Orinda, CA 94563; TEL: 510-254-5113
2/21 & 3/1/96: 6:30-9 pm
Expiration date: 03/02/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96



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SF Chapter of National Stuttering Project - Hardy Dawainis
100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431
 Tuesdays: 6-9 pm
 Expiration date: 03/27/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Tues 3/5/96: 7-8:30 pm
Expiration date: 03/06/96

St. Francis ITC - Edna Olson
517 Newman Dr, So. SF, CA 94080; TEL: 761-1553
2nd & 4th Tuesdays: 7-8:45 pm
Expiration date: 06/26/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/20/96: 11 am-1 pm Expiration date: 04/21/96

#### Richmond

The Housing Committee - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 03/31/96

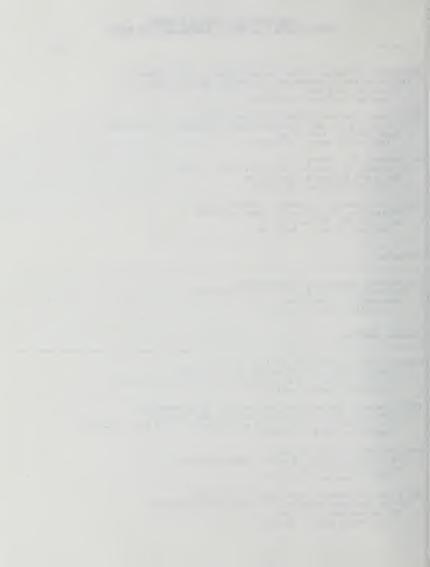
#### Western Addition

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 2/17/96\*; 2/26, 3/25 & 4/17/96\*\*: \* 10-2; \*\* 6:45-8:45 Expiration date: 04/18/96

ELNA-Esperanto League of North America - Gigi Harabagiu 837 Geary St #205, SF, CA 94109-7202; TEL: 928-8493 2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm Expiration date: 03/28/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/20/96: 6-8:30 pm Expiration date: 03/21/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

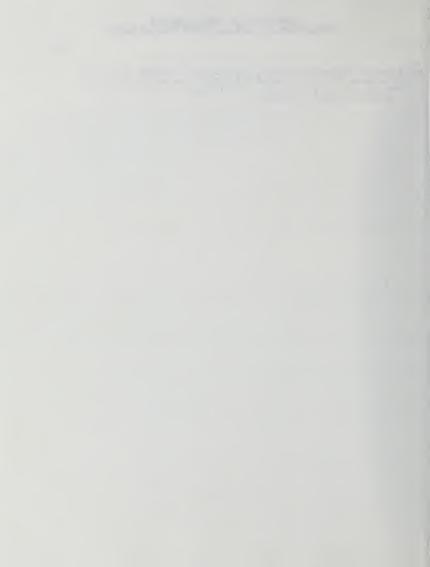


# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96



# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. Dates Requested: Feb 17 Time Requested: 1-4pm Attendance Expected: /2 - Z O DOCUMENTS DEPT. Facility: POTRERO BRANCH Describe event or purpose of meeting: General Meeting of FAKDEN CLUB FEB 0 8 1996 SAN FRANCISCO PUBLIC LIBRARY INFORMATION ON REQUESTING ORGANIZATION: Name of Group: Non-Profit: Potrero. HIll Garden Club Yest No O Purpose of Group/Type of Activities to Take Place in the Library: To promote communication, Among neighborhood gardeness Position in Group: COULDILR tol Ma Amata Full Mailing Address: 1459-18 Secondary Contact Person: Position in Group: commersty backet master Full Mailing Address: USC box # 95 above Evening Phone: 415-285-6207 Day Phone: 4/5-285-6202 CONDITIONS FOR USE: Insurance required? Yes \(\sigma\) No \(\sigma\). If yes, attach insurance rider. Poten Hill Factor Club (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the PI+LC (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on properties of the contributed to by any act of, or by any omission to perform some duty imposed by law or contract on properties of the contributed to by any act of, or by any omission to perform some duty imposed by law or contract on properties of the contributed to by any act of, or by any omission to perform some duty imposed by law or contract on the contributed to by any act of, or by any omission to perform some duty imposed by law or contract on the contributed to by any act of, or by any omission to perform some duty imposed by law or contract on the contributed to by any act of, or by any omission to perform some duty imposed by law or contract on the contributed to be any act of the contributed to be active to the contributed to \_(identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: Their and (signature) SPECIAL AUTHORIZATION: REFRESHMENTS: (initials of authorizing authority). FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: \_ rec'd/waived by: Key Deposit: \$ Janitorial: \$ rec'd/waived by: ☐ Approved ☐ Disapproved ☐ Room Not Available: Alternate Suggested: BY: BRANCH/MAIN MANAGER:



# SAN FRANCISCO PUBLIC LIBRARY DOCUMENTS AND 1996

APPLICATION FOR USE OF PUBLIC MEETING ROOMSAN 1 19 3 (24 dopted 9/15/92)

Expiration Date:

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

SAN FRANCISCO

PUBLIC LIBRARY

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| Dates Requested: (eb. 21 + 27) Mar. 6, 13, 20, +27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Time Requested:             |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|--|--|
| Facility: WESTERN ADDITION BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Attendance Expected: M Mans |  |  |  |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |  |  |  |
| see helow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                             |  |  |  |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |  |  |  |
| Name of Group & LN A - Esperanto League of N. America Non-Profit: Yes 0/ No O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |  |  |  |
| Purpose of Group/Type of Activities to Take Place in the Library: Lething follow lawywight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |  |  |  |
| Primary Contact Person: MAS GIG HABABACIU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Position in Group:          |  |  |  |
| Pull Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |  |  |  |
| Day Phone: 415 - Prening Phones X 44 9 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |  |  |  |
| Secondary Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Position in Group:          |  |  |  |
| Pull Mailing Address: 410 DANNEZL - HILLEBORDUCH CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |  |  |  |
| Day Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Evening Allons - 1740       |  |  |  |
| (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validy retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on (group or organization), its agents or employee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |  |  |  |
| (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |  |  |  |
| I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:    Here   Gignature   Gignature   Gignature   Gallerian   Gallerian |                             |  |  |  |
| SPECIAL AUTHORIZATION:  REFRESHMENTS: (initials of authorizing authority).  Respecial special  |                             |  |  |  |
| BY: BRANCH/MAIN MANAGER: <u>Joan Jackson</u> SFPL-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |  |  |  |



P75 +31

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

02/23/96

Page 1

#### Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm Expiration date: 05/01/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Sat 3/9/96: 10-noon
Expiration date: 03/10/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 3/30/96: 10:30-11:30 am Expiration date: 03/31/96

DOCUMENTS DEPT.

FEB 26 1996 SAN FRANCISCO PUBLIC LIBRARY

### Bernal Heights

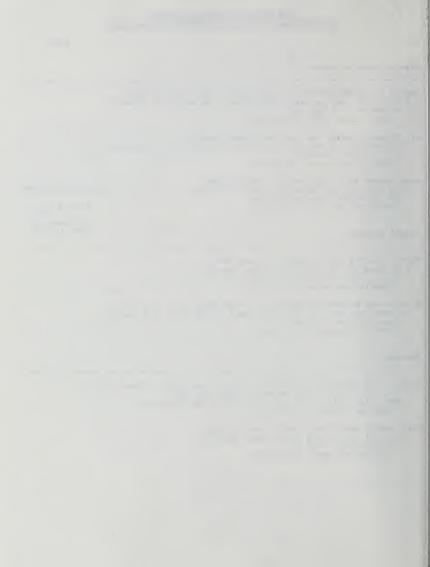
Bernal Books Writers Group - Eileen McCann 337 Elsie St, SF, CA 94110; TEL: 282-0794 1/11, 12/20 & 3/19/96: 7-8:30 pm Expiration date: 03/20/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Tues 3/5/96: 7-9 pm
Expiration date: 03/06/96

#### Excelsior

CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Wed 3/20/96: 7:30 pm Expiration date: 03/21/96



02/23/96

Page

#### Golden Gate Valley

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Thurs 3/7, 3/14, 3/21 & 3/28/96: 5-7 pm
Expiration date: 03/29/96

#### Noe Valley/Sally Brunn

East & West of Castro St. Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96

Friends for Life - Karen Strauss SFPL, Civic Center, SF, CA 94102; TEL: 557-4351 Tues 2/27/96: 5:45-8:30 pm Expiration date: 02/28/96

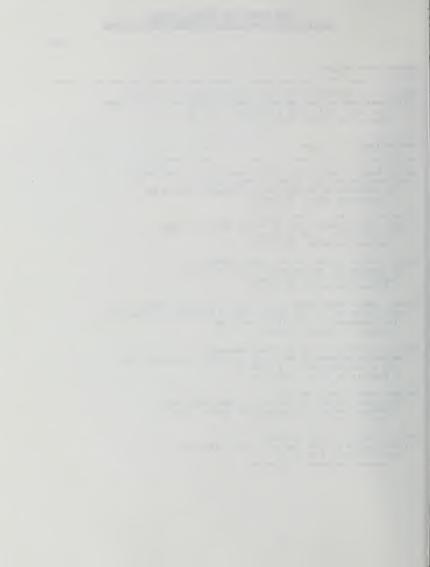
Friends of the Urban Forest - Dan Iglhaut 545 Sanchez St, SF, CA 94114; TEL: 861-4520 Tues 3/26/96: 6:30-8:45 pm Expiration date: 03/27/96

GLHOA - Gay/Lesbian Housing Alliance - William Trumbo 1037 Church St, SF, CA 94114; TEL: D 768-2777, E 648-7312 1st Tuesdays beg. 10/3/95: 6:30 pm Expiration date: 03/06/96

Health Net Seniority Plus - Andy Swanson
One Daniel Burnham Ct #20C, SF, CA 94109; TEL: 292-3961
2nd & 4th Thursdays: 2-3:30 pm
Expiration date: 02/23/96

Project Read - Kerry Engler 662 Clayton St #6, SF, CA 94117; TEL: 255-1480 Tuesdays, except 1st Tuesday of month: 6-8 pm Expiration date: 06/26/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96



02/23/96 Page 3

Park

California Outdoors Rollerskating Assn. - David Miles, Jr. 777 - 5th Ave #3, SF, CA 94118; TEL: 752-1967 Wed 3/6/96: 6-10 pm Expiration date: 03/07/96

Electoral Reform Coalition - Betty Traynor 2940 - 16th St #314, SF, CA 94103; TEL: D 558-8133; E 552-4866 Tues 3/19/96: 6:30-9 pm Expiration date: 03/20/96

Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96

Haight Ashbury Street Fair - Pablo Heising
952 Ashbury St, SF, CA 94117; TEL: 661-8025
4/25 & 5/30/96: 7-8:30 pm
Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456, Pager 560-1110 Tues 2/13, 20, 27/96; 3/12, 26/96: 6:30-9:30 pm Expiration date: 03/27/96

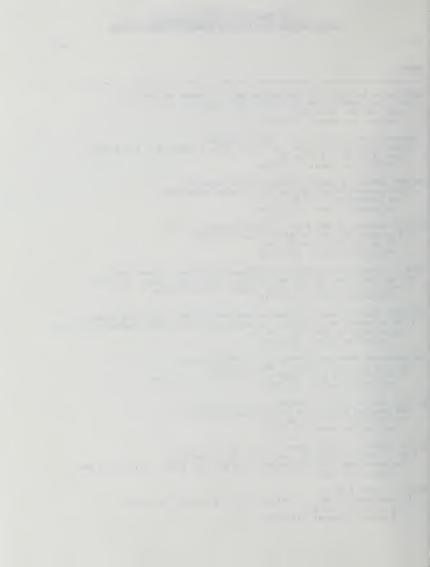
National Health Federation/San Francisco Chapter - Shirley Potasz 1330 Schooner, Foster City, CA 94404; TEL: 341-0548; Messages 349-8169 Sat 1/20/96 & 2/24/96: 1-4 pm Expiration date: 02/25/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 2/28/96: 6-8:30 pm Expiration date: 02/29/96

Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 2nd Wed. beg. 1/10/96 (except 3rd Wed. in 2/96): 6:30-8:30 pm Expiration date: 07/11/96

Rupali - Dhvata Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Fri 3/1/96: 6-9 pm
 Expiration date: 03/02/96



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San Francisco Bicycle Coalition (SFBC) - David Snyder 1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406 1st Tuesdays beg. 12/5/95: 6-10 p.m. Expiration date: 05/08/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
3/8/96\* & 3/9/96\*\*: \* 11-1; \*\* 4-6 pm
Expiration date: 03/10/96

Youth Unity Movement (YUM) - Robert Jackson 1438 Page St, SF, CA 94117; TEL: 621-8294 Thurs 2/22/96: 8-10 pm Expiration date: 02/23/96

#### Potrero

Atari Bay Area Computer Users Soc. - Roger Sinasohn 1034 Capitol Ave, SF, CA 94112; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/03/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

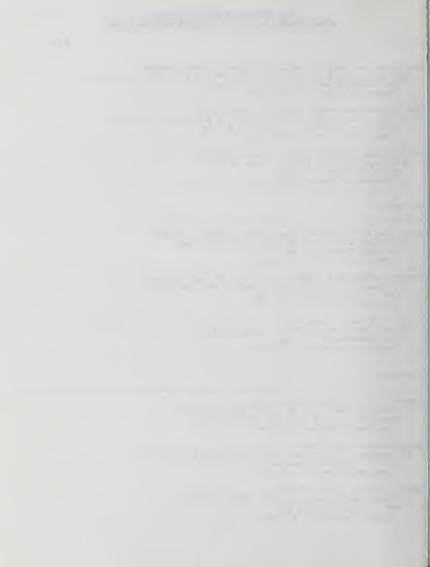
Starr King Park - Jane Fay
96 Caire Ter, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 05/09/95

#### Presidio

Common Cause - Charles Marsteller
835 Turk St #605, SF, CA 94102; TEL: 567-1739
Tues 2/20, 3/19 & 4/16/96: 6:45-8:45 pm
Expiration date: 04/17/96

Earthwatch - Claire Nelson 180 Ravenhill Rd, Orinda, CA 94563; TEL: 510-254-5113 2/21 & 3/1/96: 6:30-9 pm Expiration date: 03/02/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96



02/23/96 Page 5

SF Chapter of National Stuttering Project - Hardy Dawainis 100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431 Tuesdays: 6-9 pm Expiration date: 03/27/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn 74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049 Tues 3/5/96: 7-8:30 pm Expiration date: 03/06/96

St. Francis ITC - Edna Olson 517 Newman Dr, So. SF, CA 94080; TEL: 761-1553 2nd & 4th Tuesdays: 7-8:45 pm Expiration date: 06/26/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/20/96: 11 am-1 pm Expiration date: 04/21/96

#### Richmond

The Housing Committee - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 03/31/96

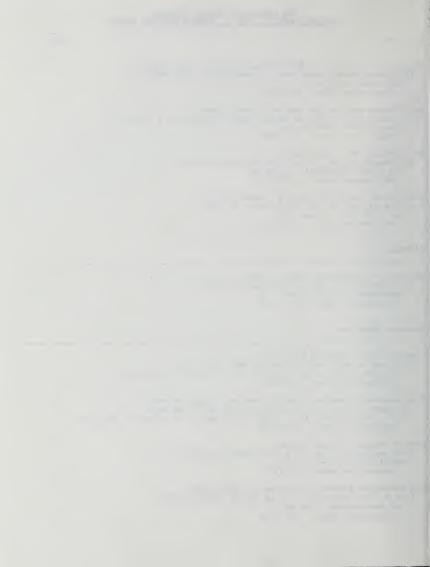
#### Western Addition

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 2/17/96\*; 2/26, 3/25 & 4/17/96\*\*: \* 10-2; \*\* 6:45-8:45 Expiration date: 04/18/96

ELNA-Esperanto League of North America - Gigi Harabagiu
837 Geary St #205, SF, CA 94109-7202; TEL: 928-8493
2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm
Expiration date: 03/28/96

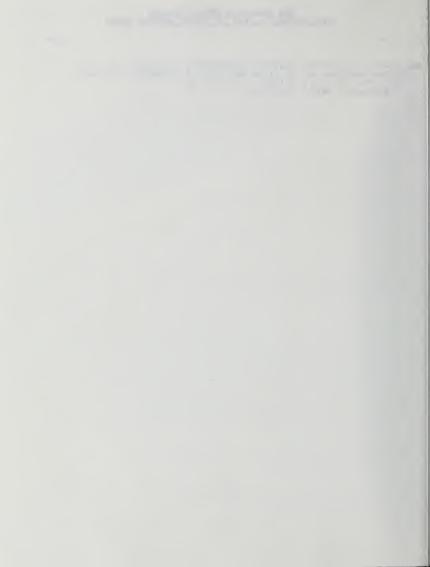
Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/20/96: 6-8:30 pm Expiration date: 03/21/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96



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San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96



2/6/96

Dates Requested:

Pacility:

# SAN FRANCISCO PUBLIC LIBRARY DOCUMERTS (1896

Time Requested:

Attendance Expected:

APPLICATION FOR USE OF PUBLIC MEETING ROOMS 1 (Adopted 9/15/92)

6:45-pm to 8:0

| AFFEIGATION TOIL | 032 01 | 1 ODLIG    | WILLIIM |
|------------------|--------|------------|---------|
|                  |        | Expiration | Date:   |

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Feb 17

FA FE 826, MARCH 25 Horil 17

Describe event or purpose of meeting: (2/17-

To disense

WESTERN ADDITION BRANCH

SAN FRANCISCO

PUBLIC LIBRARY

| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              |                                                                                                                                                       |                                                                                                                                                                                                                   |
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| Name of Group: Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Non-Profit:                                                                                                                                                  | Yes Ø No                                                                                                                                              | 0                                                                                                                                                                                                                 |
| Purpose of Group/Type of Activities to Take Place in the Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                                                                                                   |
| Planning stratogy for dis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | semm                                                                                                                                                     | ating                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mon                                                                                                                                                          | mation                                                                                                                                                |                                                                                                                                                                                                                   |
| Planning strategy for dis<br>Primary Cognet Person:<br>Charles marsteller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                          | Position in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Group:<br>rdina +                                                                                                                                            | a                                                                                                                                                     |                                                                                                                                                                                                                   |
| Full Mailing Address: Street, AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 94                                                                                                                                                       | 102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                              |                                                                                                                                                       |                                                                                                                                                                                                                   |
| Day Phone: (415) 567-1739                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Evening Ph                                                                                                                                               | none: sas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ne                                                                                                                                                           |                                                                                                                                                       |                                                                                                                                                                                                                   |
| Secondary Contact Person:<br>Margaret Ropekan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                          | Position in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Group:                                                                                                                                                       | Conde                                                                                                                                                 | nator                                                                                                                                                                                                             |
| Full Mailing Address:<br>45- 11 feary Ct SF<br>Day Phone: (415) 775-5914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Ca                                                                                                                                                       | 94109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7                                                                                                                                                            |                                                                                                                                                       |                                                                                                                                                                                                                   |
| Day Phone: (415) 775-5914                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Evening Ph                                                                                                                                               | none: D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ame                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                                                                   |
| against any and all loss, damage, injury, liability, and claim it the (group or organization) or equipment, regardless of the negligence of, and regardle imposed on, City, except to the extent that such indemnity is on or validly retroactive to the date of this agreement and exc of active negligence or willful misconduct of City and/or is no duty imposed by law or contract on (general liability, including attorney's fees, court costs, litigation experiments, including attorney's fees, court costs, litigation experiments of the contract                                                                                                              | detroit for i activities i set of whete s void or o sept where contribute are contribute are anization) s asses and all rred or assety, and Con(signatum | injury to or including, the liability therwise ur such loss, dd to by any (group hall indemn a there is about the read of the | death of a put not limite to without fau nenforceable lamage, injury act of, or by or organizati whity and hold illities incurre result of the Use and agree | deto use of title to use of to use of title is imposed under applicy, liability or any omission on), its agent City harmles and in and abordoregoing. | ding employees c<br>the City's facilitie<br>d or sought to b<br>sable law in effec-<br>claim is the resu<br>a to perform som<br>ts or employee.<br>s from all loss an<br>out any such claim<br>sions of the above |
| SPECIAL AT INITIAL STREET SHAPENTS: (initials of authorizing au FEES PAID/WAIVED: Room rental: \$ rec Key Deposit: \$ rec Janitorial: \$ rec | thority). c'd/waived c'd/waived c'd/waived Alternate                                                                                                     | by:<br>by:<br>by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                              |                                                                                                                                                       | = 02/1/2/11/                                                                                                                                                                                                      |
| SFPL - 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                              |                                                                                                                                                       |                                                                                                                                                                                                                   |



| SAN FRANCISC APPLICATION FOR USE C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DPUBLIC LIBRARY JAN 191996 SFPL - 15<br>F PUBLIC MEETING ROOMS (Adopted 9/15/92)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
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| 9/9 \( NOTE: Complete this form in duplicate and submit to Man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Expiration Date: Man 2 906                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 1401E. Complete inis form in aupucate and submit to Man.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ager of Requestea Facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Dates Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Time Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Attendance Expected:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Describe event or purpose of meeting:  Musical Concert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| NFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Name of Group: RUPALI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Non-Profit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Purpose of Group/Type of Activities to Take Place in the Music for Mecutation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| Primary Contact Person: DHVATT DOEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Position in Group: Active Mainte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Full Mailing Address: 74 C1251 10 Ke Dr<br>SF, CA 9+13 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Day Phone: 552 - 2443                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Evening Phone: 753-2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Secondary Contact Person: Synclus Micho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Full Mailing Address: SF, CA 94116.  Day Phone: 765-2814.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2212 10H 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Day Phone: 768-2814.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Evening Phone: 759-7770                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| industry of the secret to the date of this agreement and exp active negligence or willful misconduct of CDy and/or is no fluty imposed by law or contract on the contract on the contract of this agreement of the contract on the contract on the contract of the contract on the contract on the contract of the contract of the contract on the contract of | unization) shall indemnify and save harmless the City from and hereof for injury to or death of a person, including employees of activities including, but not limited to use of the City's facilities ses of whether liability without fault is imposed or sought to be swid or otherwise uncnforceable under applicable law in effect the contributed to by any act of, or by any omission to perform some (group or organization), its agents or employee.  Inization) shall indemnify and hold City harmless from all loss and sees and all other liabilities incurred in and about any such claim ried or assessed as a result of the foregoing.  Ity, and Conditions of Use and agree to all provisions of the above (signature)  (date) |  |  |
| REFRESHMENTS: (initials of authorizing aut | thority).  Edwaived by:  'd/waived by:  'd/waived by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| BY: BRANCH/MAIN MANAGER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Alternate Suggested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |



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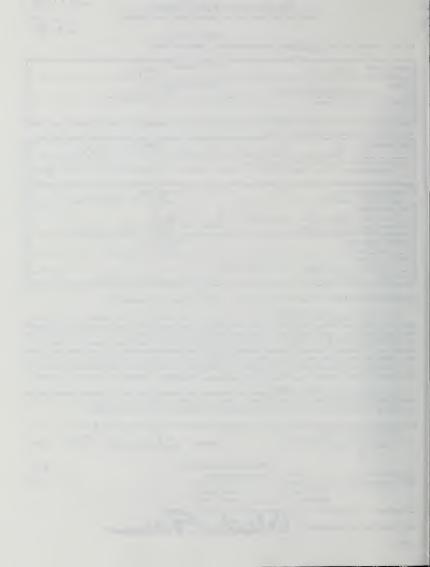
# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JAN 17 1996 (Adopted 9/15/92) JAN 22 1996

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| 196   |                                     | Expiration Date:                 |         |
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| NOTE: | Complete this form in duplicate and | Submit to Manager of Requested 1 | Sacilit |

| Dates Requested: TUESDAY MARCH 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Time Requested: 7-9 PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
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| Facility: BERNAL HEIGHTS BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Attendance Expected:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | The state of the s |  |  |  |
| Introduction to Meditation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Name of Group: Sci Chinmon Mercutation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Centre Non-Profit: Yes o No O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Purpose of Group/Type of Activities to Take Place in the Library: introduction to meditation and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Centre Non-Profit: Yes O No O I vierous meditation techniques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Primary Contact Person: DNVAY CA DOIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Position in Group:<br>Active Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Full Mailing Address: S.F. C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Full Mailing Abdress: 44 CrestLake Dr S.F. C. Day Phone: (415) 552-2443                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Evening Phone: (415) 753-2049                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Secondary Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Position in Group:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
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| Full Mailing Address:  5.29 Morraga SF. (A  Day Phone: 548-4099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Byening Phone: 665-8626.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| CONDITIONS FOR USE: Insurance required? Yes \( \) No \( \) If yes, attach insurance rider.  \[ Set Unity Model Middle from the control of the following from the first from the control of the first from the firs |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| REFRESHMENTS: (initials of authorizing auth FEES PAID/WAIVED: Room rental: \$ rec'c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (signature) Jan. 16, 1996. (date)  THORIZATION: ority). Idvaived by: Idvaived by: Idvaived by: Idvaived by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| BY: BRANCH/MAIN MANAGER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ~ Whe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |



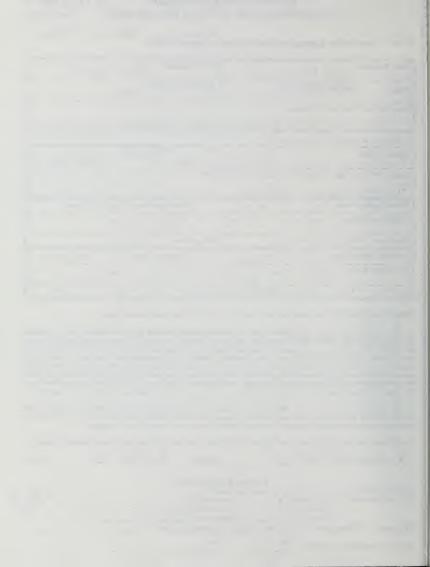
#### SF SAN FRANCISCO PUBLIC LIBRARY FEB 16 1996 SFPL - 15 IP75 APPLICATION FOR USE OF PUBLIC MEETING ROOMS #31a 2/16/96

Macs 7, 1996 Expiration Date:\_

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

BY: BRANCH/MAIN MANAGER: Cut S. (

| Dates Requested: Wed, March Ce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Time Requested: GPm - 10Pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
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| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Attendance Expected:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | a for C.O.R.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Name of Group:  CALLECTOR OUT CON Rollers MA Purpose of Group/Type of Activities to Take Place in the L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Non-Profit: Yes No O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| Promote Shate Safety                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Primary Contact Person: DAVICE G. Miles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Position in Group: Page of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Full Mailing Address: 777-5+ Ave #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 S.F.C.A. 94118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Day Phone: 4(5-752-1967                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Evening Phone: 5.4 M-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Secondary Contact Person: And How And                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Position in Group: L'ice Prosident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| Secondary Contact Person: Art Howard Position in Group: L'ice Project ent Full Mailling Address: 2549 Irving Ave S.F.CA. 94118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Day Phone: 415-752-1568375                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Evening Phone: 415-661-1229                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| CONDITIONS FOR USE: Insurance required? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No . If yes, attach insurance rider.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| on or validly retroactive to the date of this agreement and except on or validly retroactive to the date of this agreement and except on the same or validly retroactive to the date of this agreement and except on the same of the same | ization) shall indemnify and save harmless the City from and reof for injury to or death of a person, including employees of ctivities including, but not limited to use of the City's facilities of whether liability without fault is imposed or sought to be void or otherwise unenforceable under applicable law in effect pt where such loss, damage, injury, liability or claim is the result contributed to by any act of, or by any omission to perform some [group or organization], its agents or employee. |  |  |  |
| C, O, R, A. (identify group or organ<br>liability, including attorney's fees, court costs, litigation expens<br>investigation or defense thereof, which may be entered, incurr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ization) shall indemnify and hold City harmless from all loss and<br>es and all other liabilities incurred in and about any such claim<br>ed or assessed as a result of the foregoing.                                                                                                                                                                                                                                                                                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and Conditions of Use and agree to all provisions of the above: (signature) 15 Fill 96 (date).                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| REFRESHMENTS: (initials of authorizing auth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | J/waived by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |



SF P75 #31

## SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

03/07/96

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#### Bayview/Anna E. Waden

Amer'n Heart Assocn.'s Project Heart i/t Black Comm. - Kelly Armstrong 120 Montgomery St #1650, SF, CA 94104; TEL: D 433-2273; E 469-0275 Wed 3/20/96: 6 pm Expiration date: 03/21/96

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm Expiration date: 05/01/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Sat 3/9/96: 10-noon
Expiration date: 03/10/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 3/30/96: 10:30-11:30 am Expiration date: 03/31/96

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SAN FRAN OPUBLIC LIBEARY

#### Bernal Heights

Bernal Books Writers Group - Eileen McCann 337 Elsie St, SF, CA 94110; TEL: 282-0794 1/11, 12/20 & 3/19/96: 7-8:30 pm Expiration date: 03/20/96

#### Excelsion

Logistical International Training - Georgia Young 324 Laidley St, SF, CA 94131; TEL: 333-4954 Sat 4/20, 5/18 & 6/15/96: 1-3 pm Expiration date: 06/16/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Wed 3/20/96: 7:30 pm Expiration date: 03/21/96



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#### Golden Gate Valley

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Thurs 3/7, 3/14, 3/21 & 3/28/96: 5-7 pm
Expiration date: 03/29/96

#### Noe Valley/Sally Brunn

Design & Build - Douglas Fong 265 Dorantes Ave, SF, CA 94116; TEL: 753-5567 Sat 4/6\* & Tues 4/9/96\*\*: \* 1-3 pm; \*\* 6-8 pm Expiration date: 04/10/96

East & West of Castro St. Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96

Friends of the Urban Forest - Dan Iglhaut 545 Sanchez St, SF, CA 94114; TEL: 861-4520 Tues 3/26/96: 6:30-8:45 pm Expiration date: 03/27/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96

#### Park

Electoral Reform Coalition - Betty Traynor 2940 - 16th St #314, SF, CA 94103; TEL: D 558-8133; E 552-4866 Tues 3/19/96: 6:30-9 pm Expiration date: 03/20/96

Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96

Haight Ashbury Neighborhood Council - Donna Gouse 409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757 2nd Thursdays: 7 pm Expiration date: 08/09/96



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Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

Haight Ashbury Street Fair - Pablo Heising 952 Ashbury St, SF, CA 94117; TEL: 661-8025 4/25 & 5/30/96: 7-8:30 pm Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110 Tues 2/27; 3/12,26; 6/11,18,25; 7/9,23/96: 6:30-9:30 pm Expiration date: 07/24/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

Roller Divas - Kelly McCown
1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336
3/13/96, thereafter 3rd Wednesday of the month: 6:30-8:30 pm
Expiration date: 07/11/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
3/8/96\* & 3/9/96\*\*: \* 11-1; \*\* 4-6 pm
Expiration date: 03/10/96

#### Potrero

Parkview Heights Home Owners Assoc. - Kevyn Johnston 1204 Wisconsin St, SF, CA 94107; TEL: D 510-828-0414; E 415-641-7624 Tues 3/12/96: 6:30-9 pm Expiration date: 03/13/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Potrero Hill Lauder Club - Mia Amato 1459 - 18th St, Box 169, SF, CA 94107; TEL: D 285-6807; E 821-2801 Sat 3/30/96: 3 pm Expiration date: 03/31/96



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Starr King Park - Jane Fay 96 Caire Ter, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 05/09/95

#### Presidio

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 Tues 2/20, 3/19 & 4/16/96: 6:45-8:45 pm Expiration date: 04/17/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96

SF Chapter of National Stuttering Project - Hardy Dawainis 100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431 Tuesdays: 6-9 pm Expiration date: 03/27/96

St. Francis ITC - Edna Olson 517 Newman Dr, So. SF, CA 94080; TEL: 761-1553 2nd & 4th Tuesdays: 7-8:45 pm Expiration date: 06/26/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/20/96: 11 am-1 pm Expiration date: 04/21/96

#### Richmond

The Housing Rights Committee of SF - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 09/29/96

#### Western Addition

American Chronic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 3/14,28; 4/11,25; 5/9,23; 6/13,27; 7/11,25; 8/8,22: 1-3 pm Expiration date: 08/23/96



03/07/96

Page

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 2/17/96\*; 2/26, 3/25 & 4/17/96\*\*: \* 10-2; \*\* 6:45-8:45 Expiration date: 04/18/96

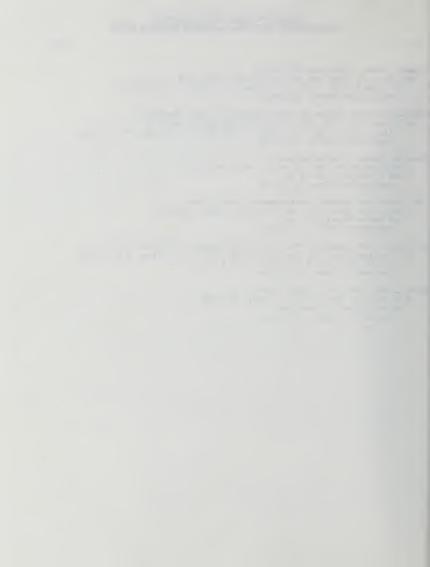
ELNA-Esperanto League of North America - Gigi Harabagiu
837 Geary St #205, SF, CA 94109-7202; TEL: 928-8493
2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm
Expiration date: 03/28/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/20/96: 6-8:30 pm Expiration date: 03/21/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96

Tara Center, N. Cal. - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/27/96: 11 am-1 pm Expiration date: 04/28/96



# SF

#### JAN I & 1395 SAN FRANCISCO PUBLIC LIBRARY

SEPL - 15

APPLICATION FOR USE OF PUBLIC MEETING ROOMS (Adopted 9/15/92)

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

BY: BRANCH/MAIN MANAGER: GILLEM, Mannot

Dates Requested: Thursday, March 714, 2128. Attendance Expected: Golden Gate Valley Facility: Describe event or purpose of meeting: Introduction to Meditation Techniques INFORMATION ON REQUESTING ORGANIZATION Name of Group: Sri Chinnoy Meditation Non-Profit: Yes O No O Centre Purpose of Group/Type of Activities to Take Place in the Library: Meditation Group / Intro to Moditation Techniques Primary Contact Person: Dividia Dorn Active Member Crestlake Dr. Full Mailing Address: 744 CH 94132 552-2:443 Day Phone: Evening Phone: Charlie 529 Murago 5F.CA Position in Group: Active Hember Secondary Contact Person: Full Mailing Address: Evening Phone: 665-8626 Day Phone: CONDITIONS FOR USE: Insurance required? Yes No . If yes, attach insurance rider. SRI CHINMOY MEDITATION CENTRE (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of SCHC (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on SCHC (group or organization), its agents or employee. \_\_\_(identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: Dan. 16, 196. (date). SPECIAL AUTHORIZATION 0P/ngs/24/96 (initials of authorizing authority). REFRESHMENTS: FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: Key Deposit: \$ rec'd/waived by: Janitorial: rec'd/waived by: ☐ Disapproved ☐ Room Not Available: Alternate Suggested:



# SAN FRANCISCO PUBLIC LIBRARY JAN 18 1996 SFPL - 15

APPLICATION FOR USE OF PUBLIC MEETING ROOMS (Adopted 9/15/92) mas 9,1996

| 18/96 |                       |                        | Lapitati          | JI Date         |  |
|-------|-----------------------|------------------------|-------------------|-----------------|--|
| NOTE: | Complete this form in | duplicate and submit t | to Manager of Rea | uested Facility |  |

1975

| NOTE: Complete this form in aupitcate and submit to Manage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | er of Requested Facility.                         |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|
| Dates Requested: SAT. MARCH 9 FRI. MARCH 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Time Requested: 11 AM - 1 PM<br>4-6 PM            |  |  |  |
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Attendance Expected: 30                           |  |  |  |
| Describe event or purpose of meeting:  INTRO. TO HEDITATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |  |  |  |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |  |  |  |
| Name of Group: SRI CHINHOY HEDITATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ON CENTRE Non-Profit: Yes O No O                  |  |  |  |
| Purpose of Group/Type of Activities to Take Place in the L<br>Meditation Group/ Meditation C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |  |  |  |
| Primary Contact Person: DHVATA DORN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Position in Group: ACTIVE MEMBER                  |  |  |  |
| Full Mailing Address: 74 CRESTLAKE DR<br>SF, CA 94132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |  |  |  |
| Day Phone: 552-2443                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Evening Phone: 753-2049                           |  |  |  |
| Secondary Contact Person: CHARLIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Position in Group: A CTIVE MEMBER                 |  |  |  |
| Full Mailing Address: 529 MORACA<br>SF, CA 94132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evening Phone: 665-8626                           |  |  |  |
| CONDITIONS FOR USE: Insurance required? Yes \( \subseteq \) No \( \subseteq \). If yes, attach insurance rider.  \( \subseteq \) \( \subseteq |                                                   |  |  |  |
| investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.  I certify I have-read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |  |  |  |
| 11 000 06/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (signature)                                       |  |  |  |
| REFRESHMENTS: (initials of authorizing auth FEES PAID/WAIVED: Room rental: \$ rec'c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ority).  I/waived by:  //waived by:  //waived by: |  |  |  |
| BY: BRANCH/MAIN MANAGER: Refs 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Jose                                              |  |  |  |



# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

JAN 17 1996 N 23 1996 (Adopted 9/15/92)

1/17/96

275

#312

Expiration Date:

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

| Dates Requested:<br>SAT, MARCH 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Time Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pacility: BAYVIEW - A.E. WADEN BRANCH ≠13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Attendance Expected:                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| WCKKSHOP INTADDICING MEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DITATION                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Name of Group: SRI CHINMLY MEDITATION!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Non-Profit: Yes Q No O                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Purpose of Group/Type of Activities to Take Place in the Library:  didicated & medication as a  and discovery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FARE Non-Profit Yes O NO O  tool for self-transcendence                                                                                                                                                                                                                                                                                                                                                                                                             |
| Primary Contact Person:  Whyaia Dera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Position in Group:<br>Active Hernte                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Bull Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Day Phone: (4/5) 552-2743                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | F. CA 94132<br>Evening Phone: (415) 753-2049                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Secondary Contact Person:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Position in Group:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Charlie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mass Lecturer                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Full Mailing Address: 5F CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Evening Phone: (415)665-8626                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Day Phone: (415) 548 - 4099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Evening Phone: (415)665-8626                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| the SCN/C (group or organization) or equipment, regardless of the negligence of, and regardles imposed on, City, except to the extent that such indemnity is on or validly retroactive to the date of this agreement and exce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | vization) shall indeminify and save harmless the City from an erreof for injury to or death of a person, including employees cactivities including, but not limited to use of the City's facilities of whether liability without fault is imposed or sought to bould or otherwise unenforceable under applicable law in effect pt where such loss, damage, injury, liability or claim is the result contributed to by any act of, or by any omission to perform som |
| duty imposed by law of contract on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (group or organization), its agents of employee.                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ilability, including attorney's fees, court costs, litigation expensionestigation or defense thereof, which may be entered, incur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | vization) shall indemnify and hold City harmless from all loss an<br>ses and all other liabilities incurred in and about any such clair<br>red or assessed as a result of the foregoing.                                                                                                                                                                                                                                                                            |
| I certify Thave read the meeting room rules, Waiver of Liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , and Conditions of Use and agree to all provisions of the above (signature)                                                                                                                                                                                                                                                                                                                                                                                        |
| REFRESHMENTS: (initials of authorizing aut | THORIZATION:  aority).  d/waived by:  d/waived by:  d/waived by:                                                                                                                                                                                                                                                                                                                                                                                                    |
| □Approved □Disapproved □Room Not Available:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Alternate Suggested:                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| BY: BRANCH/MAIN MANAGER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ton                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SFPL - 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |



### SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS # 31a 2/28/96 Mar. 14. NOTE: Con Apr. 25,

FEB 23 1996

FEB 28 1996 (Adopted 9/15/92) DEPT.

| 5 / | 28/96 Mar. 14. Mar. 28. Apr. 11.                                                                                                                                                                                                                         | xpiratio                | n Date:      |                                                                     | TS DE                           |  |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|---------------------------------------------------------------------|---------------------------------|--|
| 1   | NOTE: Con Apr. 25, May 9, May 23.                                                                                                                                                                                                                        | of Req                  | uested Faci  | lity.                                                               | EB 28 1996                      |  |
|     | NOTE: Con Apr. 25, May 9, May 23.  Sune 13, June 27, July 11.  Dates Reques July 25, 1749. 8. 1949. 22. **  See Belei                                                                                                                                    | Time Re                 | quested:     | 3.00 P.H. H                                                         | LIC LIBRARY                     |  |
|     | WESTERN ADDITION BRANCH                                                                                                                                                                                                                                  | 1 Attendar              | ce Expected: |                                                                     |                                 |  |
|     | Describe event or purpose of meeting: * These dates                                                                                                                                                                                                      | are T                   | he se        | cond and fourth of each mon                                         | Thursdays                       |  |
|     | CHRONIC PAIN GROUF - SEE B                                                                                                                                                                                                                               | G W.                    |              | of each mon                                                         | ith.                            |  |
|     | INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                  |                         |              |                                                                     |                                 |  |
|     | Name of Group: A MERICAN CHRONIC PAIN ASS                                                                                                                                                                                                                | 50 C.                   |              | Non-Profit:                                                         |                                 |  |
|     | Purpose of Group/Type of Activities to Take Place in the Library:                                                                                                                                                                                        |                         | -            |                                                                     |                                 |  |
|     | TO DISCUSSOUR FEELINGS REOUR                                                                                                                                                                                                                             | -PAIN.                  |              |                                                                     | ROVE OUR LIV                    |  |
|     | Primary Contact Person:                                                                                                                                                                                                                                  |                         | Position in  | Group:<br>16ATATOR                                                  |                                 |  |
|     | Full Mailing Address: 1845 FRANKLIN ST. J.F. CA-                                                                                                                                                                                                         |                         |              |                                                                     |                                 |  |
|     | Day Phone (415) 771-6553                                                                                                                                                                                                                                 | Evening Pl              | none: T      | 475<br>                                                             |                                 |  |
|     | Secondary Contact Person:                                                                                                                                                                                                                                |                         | Position in  | Group:                                                              |                                 |  |
|     | Full Mailing Address:                                                                                                                                                                                                                                    |                         | 07           | EHALR                                                               |                                 |  |
|     | 387 DAY ST. S.F. CA. 9413                                                                                                                                                                                                                                | 3 /                     |              |                                                                     |                                 |  |
|     | Day Phone: 826 4076                                                                                                                                                                                                                                      | Evening Pi              | ione: 5      | 445                                                                 |                                 |  |
|     | CONDITIONS FOR USE: Insurance required? Yes                                                                                                                                                                                                              | No □.                   | If yes, atta | ch insurance rider.                                                 |                                 |  |
|     | ACPA CROWL (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of                        |                         |              |                                                                     |                                 |  |
|     | the (group or organization)                                                                                                                                                                                                                              | activities              | including, l | out not limited to use of the                                       | City's facilities               |  |
|     | or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect |                         |              |                                                                     |                                 |  |
|     | on or validly retroactive to the date of this agreement and exce<br>of active negligence or willful misconduct of City and/or is not                                                                                                                     | ept where<br>contribute | such loss, o | lamage, injury, liability or clain<br>act of, or by any omission to | m is the result<br>perform some |  |
|     | duty imposed by law or contract on                                                                                                                                                                                                                       |                         |              |                                                                     |                                 |  |
|     | ACPA GROUP (identify group or orga                                                                                                                                                                                                                       | nization) s             | hall indem   | nify and hold City harmless fro                                     | om all loss and                 |  |
|     | liability, including attorney's fees, court costs, litigation expen<br>investigation or defense thereof, which may be entered, incur                                                                                                                     | red or ass              | essed as a   | result of the foregoing.                                            | iny such claim                  |  |
|     | I certify I have read the meeting room rules, Waiver of Liabilit                                                                                                                                                                                         | y, and Co               | aditions of  | Use and agree to all provision                                      | s of the above:                 |  |
|     | Ven Ramordi                                                                                                                                                                                                                                              |                         |              | 2/22/96                                                             | (date).                         |  |
|     |                                                                                                                                                                                                                                                          | _, 0                    | /            |                                                                     |                                 |  |
|     | REFRESHMENTS: (initials of authorizing aut                                                                                                                                                                                                               |                         |              |                                                                     | N                               |  |
|     | FEES PAID/WAIVED: Room rental: \$ rec<br>Key Deposit: \$ rec                                                                                                                                                                                             | 'd/waived               | by:          |                                                                     | What is                         |  |
|     | Janitorial: \$ rec                                                                                                                                                                                                                                       | d/waived                | by:          |                                                                     | 0. 15°                          |  |
|     | 2) reproved Eduappioted Encountrie Available.                                                                                                                                                                                                            | 7 Hittinate             | Juggesteu.   |                                                                     |                                 |  |
|     | BY: BRANCH/MAIN MANAGER: Joan Ja                                                                                                                                                                                                                         | rekso                   | r            |                                                                     |                                 |  |
|     | SFPL - 15                                                                                                                                                                                                                                                |                         |              |                                                                     |                                 |  |
|     |                                                                                                                                                                                                                                                          |                         |              |                                                                     |                                 |  |



03/15/96 Page 1

#### Bayview/Anna E. Waden

Amer'n Heart Assocn.'s Project Heart i/t Black Comm. - Kelly Armstrong 120 Montgomery St #1650, SF, CA 94104; TEL: D 433-2273; E 469-0275 Wed 3/20/96: 6 pm Expiration date: 03/21/96

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm Expiration date: 05/01/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 3/30/96: 10:30-11:30 am Expiration date: 03/31/96

DOCUMENTS.DEPT.

MAR 15 1996 SAN FRANCISCO PUBLIC LIBRARY

#### Bernal Heights

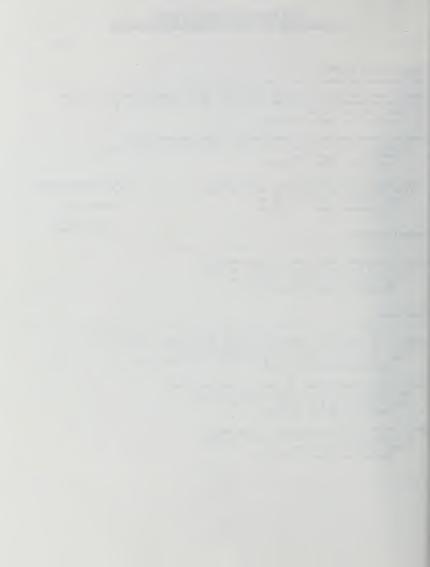
Bernal Books Writers Group - Eileen McCann 37 Elsie St, SF, CA 94110; TEL: 282-0794 1/11, 12/20 & 3/19/96: 7-8:30 pm Expiration date: 03/20/96

#### Excelsion

CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

Logistical International Training - Georgia Young 324 Laidley St, SF, CA 94131; TEL: 333-4954 Sat 4/20, 5/18 & 6/15/96: 1-3 pm Expiration date: 06/16/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Wed 3/20/96: 7:30 pm Expiration date: 03/21/96



03/15/96 Page 2

#### Golden Gate Valley

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
 Thurs 3/7, 3/14, 3/21 & 3/28/96: 5-7 pm
 Expiration date: 03/29/96

#### Noe Valley/Sally Brunn

Design & Build - Douglas Fong 265 Dorantes Ave, SF, CA 94116; TEL: 753-5567 Sat 4/6\* & Tues 4/9/96\*\*: \* 1-3 pm; \*\* 6-8 pm Expiration date: 04/10/96

Friends of the Urban Forest - Dan Iglhaut 545 Sanchez St, SF, CA 94114; TEL: 861-4520 Tues 3/26/96: 6:30-8:45 pm Expiration date: 03/27/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96

#### Park

Electoral Reform Coalition - Betty Traynor
2940 - 16th St #314, SF, CA 94103; TEL: D 558-8133; E 552-4866
Tues 3/19/96: 6:30-9 pm
Expiration date: 03/20/96

Haight Ashbury Goddess Society - Stan Flouride 1227 Masonic St #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 06/21/96

Haight Ashbury Neighborhood Council - Donna Gouse 409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757 2nd Thursdays: 7 pm Expiration date: 08/09/96

3

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

Haight Ashbury Street Fair - Pablo Heising 952 Ashbury St, SF, CA 94117; TEL: 661-8025 4/25 & 5/30/96: 7-8:30 pm Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110 Tues 2/27; 3/12,26; 6/11,18,25; 7/9,23/96: 6:30-9:30 pm Expiration date: 07/24/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 3/13/96, thereafter 3rd Wednesday of the month: 6:30-8:30 pm Expiration date: 07/11/96

San Francisco Bicycle Coalition (SFBC) - David Snyder 1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406 1st Tuesdays beg. 12/5/95: 6-10 p.m. Expiration date: 05/08/96

#### Potrero

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Potrero Hill Lauder Club - Mia Amato 1459 - 18th St, Box 169, SF, CA 94107; TEL: D 285-6807; E 821-2801 Sat 3/30/96: 3 pm Expiration date: 03/31/96

Starr King Park - Jane Fay 96 Caire Ter, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 05/09/95 03/15/96 Page 4

#### Presidio

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 Tues 2/20, 3/19 & 4/16/96: 6:45-8:45 pm Expiration date: 04/17/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96

SF Chapter of National Stuttering Project - Hardy Dawainis 100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431 Tuesdays: 6-9 pm Expiration date: 03/27/96

St. Francis ITC - Edna Olson
517 Newman Dr, So. SF, CA 94080; TEL: 761-1553
2nd & 4th Tuesdays: 7-8:45 pm
Expiration date: 06/26/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/20/96: 11 am-1 pm Expiration date: 04/21/96

#### Richmond

The Housing Rights Committee of SF - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 09/29/96

#### Western Addition

American Chronic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 3/14,28; 4/11,25; 5/9,23; 6/13,27; 7/11,25; 8/8,22: 1-3 pm Expiration date: 08/23/96

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 2/17/96\*; 2/26, 3/25 & 4/17/96\*\*: \* 10-2; \*\* 6:45-8:45 Expiration date: 04/18/96

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03/15/96 Page

ELNA-Esperanto League of North America - Gigi Harabagiu 837 Geary St #205, SF, CA 94109-7202; TEL: 928-8493 2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm Expiration date: 03/28/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/20/96: 6-8:30 pm Expiration date: 03/21/96

Reform Party of San Francisco - Cynthia Nesler 1460 - 12th Ave, SF, CA 94122-3502; TEL: 566-1041 Sat 3/30/96: 2-4:30 pm Expiration date: 03/31/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96

Tara Center, N. Cal. - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/27/96: 11 am-1 pm Expiration date: 04/28/96

#### . P75 #31a

# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

FEB 16958-15 (Adopted 9/15/92)

2/16/96

Dates Requested:

Expiration Date: Mand 20 1996

Time Requested:

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

| Tuesday March 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6.20pm - 1.00pm.                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Attendance Expected:                                                         |
| Describe event or purpose of meeting: Educational forum on en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lection reform in S.F.                                                       |
| NFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |
| Name of Group: Reform Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Non-Profit: Yes ⊕ No ○                                                       |
| Purpose of Group/Type of Activities to Take Place in the I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |
| Primary Contact Person: Be Hy Transpor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Position in Group: Coordinating Commi                                        |
| Full Mailing Address: 2940 - 16 tn 5 V. #314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 57 94103<br>Evening Phone: 553-4866                                          |
| Day Phone: 558-8133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evening Phone: 552-4866                                                      |
| Secondary Contact Person: Balbara Blo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Evening Phone: 557-4866  Ong Position in Group: Coordinating Common years to |
| Full Mailing Address: 321 Bactlett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 57 94110 mant                                                                |
| Day Phone: 876-7322                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5  94110<br>Evening Phone: 826-2322                                          |
| requipment, regardless of the negligence of, and regardle inposed on, City, except to the extent that such indemnity is no radially retroactive to the date of this agreement and exo factive negligence or willful misconduct of City and/or is not uty imposed by law or contract on Electors In the contract on Electors Information in the contract of the | y, and Conditions of Use and agree to all provisions of the above            |
| 1 Dity L. Traym                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (signature) 2/15/96 (date)                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |
| EFRESHMENTS: (initials of authorizing aut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | JTHORIZATION:  thority).  'd/waived by:                                      |
| EES PAID/WAIVED:         Room rental:         \$ rec           Key Deposit:         \$ rec           Janitorial:         \$ rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 'd/waived by:                                                                |
| Approved Disapproved DRoom Not Available:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Alternate Suggested:                                                         |
| V. BRANCH/MAIN MANAGED: P. IS 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 101.                                                                         |



## ELECTORAL REFORM COALITION

2940 16th St., Room 314, San Francisco, CA 94103, Tel. (415) 558-8133

### **Electoral Reform Coalition Meetings**

Wednesday, February 7, 7:00 p.m. New College Theater, 777 Valencia Street (near 18th St.)

Tuesday, February 20, 7:00 p.m. New College School of Law, 50 Fell St. (near Van Ness Ave./ Civic Center BART), Room 212

The Electoral Reform Coalition is a grass-roots group that has come together to educate the public about alternatives to our present system of electing supervisors and to work to put these alternatives on the ballot. The Coalition includes members from The Bernal Heights Democratic Club, The Latino Democratic Club, The Asian-Pacific Democratic Club, The Harvey Milk Lesbian/Gay/Bisexual Democratic Club, The Potrero Hill Democratic Club, The Richmond Democratic Club, The San Francisco Green Party, The San Francisco Peace and Freedom Party, Labor Party Advocates, S.F. Tenants Union, S.F. NOW, the League of Women Voters, the Center for Voting and Democracy and others.

The Coalition is focusing its efforts on the recommendations of the Elections Task Force, a citizen body created by Prop. L in November 1994. It proposed four options to replace the current method of electing San Francisco Supervisors. Two of the proposals recommend district elections. Three of the proposals involve forms of proportional representation: preference voting (voters rank candidates in order of preference) and cumulative voting (voters can place more than one vote on the same candidate).

The recommendations of The Elections Task Force including district maps were submitted to the Board of Supervisors as Charter Amendments in December. The Board vote of 5 for and 5 against defeated placing the measures on the March primary ballot. The amendments were sent back to the Government Efficiency and Labor Committee of the Board where they will be considered for the November 1996 ballot. The Coalition is using this additional time as an opportunity to do more educating and coalition-building so we may come up with ballot measures for November which give San Francisco a fair and representative Board of Supervisors.

Please join the Electoral Reform Coalition to help bring real reform to San Francisco politics.

# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

PUBLIC LIBRARY

Expiration Date: JUNE 1996

| NOTE: | Complete this | form in d | uplicate and | l submit to | Manager o | of Requeste | d Facility. |
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| aposed on, City, except to the a crival individual retroactive to the a crive negligence or willful raty imposed by law or contra ability, including attorney's fevestigation or defense the exceptify I have read the meeting of the contract | date of this agreement and excensisconduct of City and/or is not act on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | void or othere su contributed  inization) sha sees and all or red or asses  y, and Condi  (signature)  JTHORIZAT  thority).  'd'waived by  d'dwaived by  'd'dwaived by  'd' | erwise unenforceable under applicable lech loss, damage, injury, liability or claim to by any act of, or by any omission to p(group or organization), its agents or all indemnify and hold City harmless from their liabilities incurred in and about an seed as a result of the foregoing, itions of Use and agree to all provisions March 2, 1996   | ought to be law in effective the result of the result of the above the result of the |



#### 75 31a

Dates Requested:

March

# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Expiration Date:

Time Requested:

JAN 2 1996

6:00 D.m. - 8:30 D.m.

(Adopted 9/15/92)

Facility: WESTERN ADDITION BRANCH 15-35 Describe event or purpose of meeting: formative lecture which discusses recent theories + advan INFORMATION ON REQUESTING ORGANIZATION: Name of Group. Non-Profit: Raelian Group Purpose of Group/Type of Activities to Take Place in the Library: His of secent scientific discoveries + then Primary Contact Person. Position in Group: Full Mailing Address: Day Phone: Secondary Contact Person as socia troocuments DEPT Full Mailing Address: Palo Alto, CA. Day Phone: Evening Phone: No . If yes, attach insurance rider. PUBLIC LIBRARY CONDITIONS FOR USE: Insurance required? Yes Kaelian Govo (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Kaelian Cfound (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Roelian (group or organization), its agents or employee. [identify group or organization] shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: Kein MENOn (signature) 12-27-95 (date). SPECIAL AUTHORIZATION: (initials of authorizing authority). REFRESHMENTS: FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: rec'd/waived by: Key Deposit: \$ Janitorial: \$ rec'd/waived by: Disapproved Room Not Available: Alternate Suggested: Approved BY: BRANCH/MAIN MANAGER: SFPL - 15



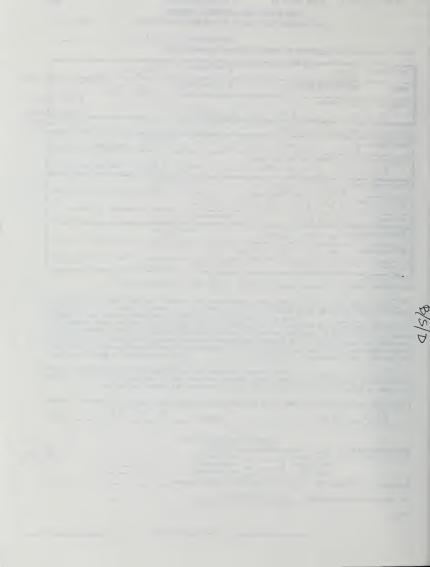
#### Ø 002

# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date: 3/0/2

| Dates Requested: 3 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Time Requested: 7:30 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| eality: EXCELSIOR BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Time Reguested: 7:30 pm  Arrendance Expected: 10 - 20  FEB 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FEB 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| TO Show a video                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Group: Tala Center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - N. Ca. Noa-Profit Yes No O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Purpose of Group/Type of Activities to Take Place in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Spiritual group -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | to spread hope / Video showing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Primary Contract Person: ANNIE BIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Position in Group:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pull Mailing Address: 1830 Fell S Day Phone: 387-0988. Secondary Contact Persons: Hante Lea.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ST SF 94117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Day Phone: 387-0988 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Evening Phone: Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Secondary Contact Person: Minte Lea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Ch Position in Group:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Full Mailing Address: 1277 7Th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ave SF 94122 Evening Phone: Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Day Phone: 731-0951                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evening Phone: Same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ONDITIONS FOR USE: Insurance required  Tara Contex, N.CA (identify grainst any and all loss, damage, injury, liability,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | d? Yes No . If yes, attach insurance rider.  group or organization) shall indemnify and save harmless the City from a and claim thereof for injury to or death of a nerson, including employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ONDITIONS FOR USE: Insurance required the control of the control o | d? Yes No if yes, attach insurance rider.  group or organization) shall indemnify and save harmless the City from a and claim thereof for injury to or death of a person, including employees organization) activities including, but not limited to use of the City's facility and regardless of whether liability without fault is imposed or sought to a indemnity is void or otherwise unenforceable under applicable law in effiment and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and except where such loss, damage, injury, liability or claim is the resument and  |
| ONDITIONS FOR USE: Insurance required the control of the control o | 1? Yes No if yes, attach insurance rider.  group or organization) shall indemnify and save harmless the City from a and claim thereof for injury to or death of a person, including employees organization) activities including, but not limited to use of the City's facility and regardless of whether labelity without fault is imposed or sought in and regardless of whether labelity without fault is imposed or sought to in indemnity is void or otherwise unenforceable under applicable law in effect and/or is not contributed to by any act of, or by any omission to perform so (group or organization), its agents or employee.  The proup or organization) shall indemnify and hold City harmless from all loss a gigation expenses and all other liabilities incurred in and about any such claimtered, incurred or assessed as a result of the foregoing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| ONDITIONS FOR USE: Insurance required  Tana Content, N. C. (identify gainst any and all loss, damage, injury, liability, e  T. O. (group or (group or c) (group o | 17 Yes No If yes, attach insurance rider.  18 group or organization) shall indemnify and save harmless the City from a sand claim thereof for injury to or death of a person, including employees organization) activities including, but not limited to use of the City's facilities and regardless of whether liability without fault is imposed or sought in indemnity is void or otherwise unenforceable under applicable law in efficient and except where such loss, damage, injury, liability or claim is the resident and except where such loss, damage, injury, liability or claim is the resident of the control of |



ρ75 #31

03/22/96

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

Page 1

#### Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm Expiration date: 05/01/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 3/30/96: 10:30-11:30 am Expiration date: 03/31/96 MAR 22 1996
SAN FRANCISCO
PUBLIC LIBRARY

#### Excelsion

CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

Logistical International Training - Georgia Young 324 Laidley St, SF, CA 94131; TEL: 333-4954 Sat 4/20, 5/18 & 6/15/96: 1-3 pm Expiration date: 06/16/96

#### Golden Gate Valley

Sri Chinmoy Meditation Centre - Dhvaja Dorn
74 Crestlake Dr, SF, CA 94132; TEL: D 552-2443; E 753-2049
Thurs 3/7, 3/14, 3/21 & 3/28/96: 5-7 pm
Expiration date: 03/29/96

#### Noe Valley/Sally Brunn

Design & Build - Douglas Fong 265 Dorantes Ave, SF, CA 94116; TEL: 753-5567 Sat 4/6\* & Tues 4/9/96\*\*: \* 1-3 pm; \*\* 6-8 pm Expiration date: 04/10/96

East & West of Castro St. Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96



03/22/96 Page 2

Friends of the Urban Forest - Dan Iglhaut 545 Sanchez St, SF, CA 94114; TEL: 861-4520 Tues 3/26/96: 6:30-8:45 pm Expiration date: 03/27/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96

Park

Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

Haight Ashbury Street Fair - Pablo Heising 952 Ashbury St, SF, CA 94117; TEL: 661-8025 4/25 & 5/30/96: 7-8:30 pm Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110 Tues 2/27; 3/12,26; 6/11,18,25; 7/9,23/96: 6:30-9:30 pm Expiration date: 07/24/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

Roller Divas - Kelly McCown
1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336
3/13/96, thereafter 3rd Wednesday of the month: 6:30-8:30 pm
Expiration date: 07/11/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96



03/22/96

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#### Potrero

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Potrero Hill Lauder Club - Mia Amato 1459 - 18th St, Box 169, SF, CA 94107; TEL: D 285-6807; E 821-2801 Sat 3/30/96: 3 pm Expiration date: 03/31/96

Starr King Park - Jane Fay
96 Caire Ter, SF, CA 94107; TEL: 285-4743
2nd Wednesdays: 7-9 pm
Expiration date: 05/09/95

#### Presidio

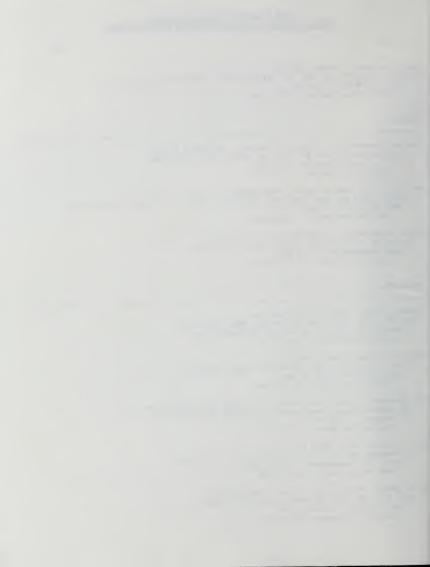
Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 Tues 2/20, 3/19 & 4/16/96: 6:45-8:45 pm Expiration date: 04/17/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 3/27/96: 6-8:30 pm Expiration date: 03/28/96

SF Chapter of National Stuttering Project - Hardy Dawainis 100 Corte Ramon, Greenbrae, CA 94904; TEL: 461-4431 Tuesdays: 6-9 pm Expiration date: 03/27/96

St. Francis ITC - Edna Olson
517 Newman Dr, So. SF, CA 94080; TEL: 761-1553
2nd & 4th Tuesdays: 7-8:45 pm
Expiration date: 06/26/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/20/96: 11 am-1 pm Expiration date: 04/21/96



03/22/96

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#### Richmond

The Housing Rights Committee of SF - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 09/29/96

#### Western Addition

American Chronic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 3/14,28; 4/11,25; 5/9,23; 6/13,27; 7/11,25; 8/8,22: 1-3 pm Expiration date: 08/23/96

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 2/17/96\*; 2/26, 3/25 & 4/17/96\*\*: \* 10-2; \*\* 6:45-8:45 Expiration date: 04/18/96

ELNA-Esperanto League of North America - Gigi Harabagiu
837 Geary St #205, SF, CA 94109-7202; TEL: 928-8493
2/21, 2/27\*; 3/6, 3/13, 3/20 & 3/27/96\*\*: \*7-9 pm; \*\* 5-7 pm
Expiration date: 03/28/96

Reform Party of San Francisco - Cynthia Nesler 1460 - 12th Ave, SF, CA 94122-3502; TEL: 566-1041 Sat 3/30/96: 2-4:30 pm Expiration date: 03/31/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr. 121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783 Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm Expiration date: 06/02/96

Tara Center, N. Cal. - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/27/96: 11 am-1 pm Expiration date: 04/28/96

The Senior Citizen Christian Fellowship - Mr. Dewitt Nunnery 111 Sweeney St, SF, CA 94134; TEL: 468-2975 3rd Tuesdays: 1-3 pm Expiration date: 06/19/96



# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS (Adopted 9/15/92) Expiration Date: 3/28/96

| 15/76 |                       |                      | Expiration           | Date            |
|-------|-----------------------|----------------------|----------------------|-----------------|
| MOTE: | Complete this form in | duplicate and submit | t to Manager of Reau | ested Facility. |

#31a

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dates Requested: Wed, Mand. 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Time Requested: 7—9 gm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Attendance Expected: 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| H.A. I.A. GENERA                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | meenn6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name of Group: HAIGHT ASHKURY IMPROVED                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PSS Non-Profit: Yes No O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Purpose of Group/Type of Activities to Take Place in the I                                                                                                                                                                                                                                                                                                                                                                                                                                    | Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| GENERAL MEERUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Primary Contact Person: Bill Hooriga                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Position in Group: PRCS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Full Mailing Address: 92 - 2872 57.  Day Phone: 45 1.48 3174  Secondary Contact Person: 10162 1283.75                                                                                                                                                                                                                                                                                                                                                                                         | 5 F. 94110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Day Phone: 415 648 3174                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Evening Phone: Sime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Secondary Contact Person: MIEE Ross. 15:2                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Position in Group: 550/TRES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Full Mailing Address: 1374 1878 5  Day Phone: 415 474 772 3                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Day Phone: 45 474-7723                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Evening Phone: Sime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| the (group or organization) or equipment, regardless of the negligence of, and régardles imposed on, City, except to the extent that such indemnity is on or validly retroactive to the date of this agreement and exce of active negligence or willful misconduct of City and/or is not duty imposed by law or contract on (identify group or organization) investigation or defense thereof, which may be entered, incur I certify I have read the matching town rules, Waiver of Liability | nization) shall indemnify and save harmless the City from and ereof for injury to or death of a person, including employees of activities including, but not limited to use of the City's facilities are of whether liability without fault is imposed or sought to be void or otherwise unenforceable under applicable law in effect put where such loss, damage, injury, liability or claim is the result contributed to by any act of, or by any omission to perform some (group or organization), its agents or employee.  **nization**) shall indemnify and hold City harmless from all loss and see and all other liabilities incurred in and about any such claim |
| Milliff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (signature) 3/22/96 (date).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| REFRESHMENTS: (initials of authorizing aut FEES PAID/WAIVED: Room rental: \$ rec Key Deposit: \$ rec Janitorial: \$ rec Approved Disapproved Room Not Available:                                                                                                                                                                                                                                                                                                                              | ITHORIZATION: bority). 'd/waived by: d/waived by: d/waived by: Alternate Suggested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| BY: BRANCH/MAIN MANAGER: Right S. ()                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



| 3/31-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | :<br>9/31                                                                                                                                                                                                                                                                           | Time Requested:  # 11:30 - 2:00 So.  Attendance Expected:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | turdays                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Facility: RIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HMOND BRANCE                                                                                                                                                                                                                                                                        | Attendance Expected:<br>10 - 15 people                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                              |
| Describe event or Tenan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r purpose of meeting:<br>nt Rights Cou                                                                                                                                                                                                                                              | seling once a week                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IB 28 1996                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EQUESTING ORGANIZATION                                                                                                                                                                                                                                                              | F-C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LIC LIBRARY                                                                                                                                  |
| Name of Group:<br>The Hous<br>Purpose of Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ing Rights Comm                                                                                                                                                                                                                                                                     | Non-Profit: Ye of SF Ye lace in the Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s No O                                                                                                                                       |
| Tenant R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ights Counselin                                                                                                                                                                                                                                                                     | n Position in Group: Progra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                              |
| Primary Contact I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Person: Kate Gord                                                                                                                                                                                                                                                                   | Position in Group: Progra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n Gordin                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                     | 94102 Evening Phone: Some epiela Position in Group: Direc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                              |
| Day Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 149-3705                                                                                                                                                                                                                                                                            | Evening Phone: Some                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                              |
| Secondary Contac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t Person: marie C                                                                                                                                                                                                                                                                   | epiela Position in Group: Direc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tor                                                                                                                                          |
| Full Mailing Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | some as                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                              |
| Day Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Same.                                                                                                                                                                                                                                                                               | Evening Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |
| CONDITIONS FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | R USE: Insurance requires                                                                                                                                                                                                                                                           | Yes No D. If yes, attach insurance rider                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                              |
| The Housing against any and all the The Housing Zone equipment. Hega more validity retroact of active negligence buty imposed by larthe Housing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | loss, damage, injury, liability NAT Commiller (group or Kless of the negligence of, xcopt to the extent that such tive to the date of this agree or willful misconduct of City w or contract on The Housin                                                                          | Yes No No I. If yes, attach insurance rider.  oup or organization) shall indemnify and save harmle and claim thereof for injury to or death of a person, in ganization) activities including, but not limited to use not regardless of whether liability without fault is impundemnity is void or otherwise unenforceable under ap- ent and except where such loss, damage, injury, liability nd/or is not contributed to by any act of, or by any omis  Nind Convinciales (group or organization), its ap- roup or organization) shall indemnify and hold City harm | or the City's factor oscid or sought to plicable law in effi or claim is the res sion to perform so gents or employee, where from all loss a |
| The Housing against any and all the Housing a prostigation or definite the Housing a prostigation or definite the Housing the | loss, damage, injury, liability  hat Commilter (group or  ktiless of the negligence of,  except to the extent that such  tive to the date of this agree  or willful misconduct of Ciry  w or contract on the Housin  ttorney's fees, court costs, lit  ense thereof, which may be a | oup or organization) shall indemnify and save harmle<br>and claim thereof for injury to or death of a person, in<br>granization) activities including, but not limited to use<br>not regardless of whether liability without fault is impundemnity is void or otherwise unenforceable under ap-<br>ent and except where such loss, damage, injury, liability<br>of or in the contributed to by any act of or by any omis                                                                                                                                             | soed or sought to<br>plicable law in effi-<br>or claim is the res-<br>sizents or employee,<br>aless from all loss a<br>about any such cla-   |

-1



04/05/96

Page 1

#### Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi
POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071
Tuesdays: 11 am-1 pm
Expiration date: 05/01/96

#### Excelsion

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm Expiration date: 06/13/96

Logistical International Training - Georgia Young 324 Laidley St, SF, CA 94131; TEL: 333-4954 Sat 4/20, 5/18 & 6/15/96: 1-3 pm Expiration date: 06/16/96 DOCUMENTS DEPT.

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#### Noe Valley/Sally Brunn

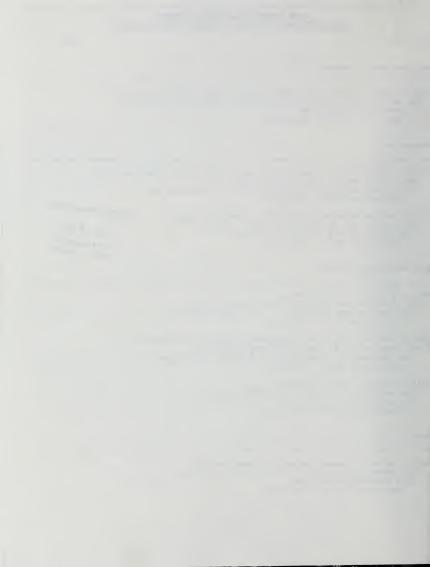
Design & Build - Douglas Fong 265 Dorantes Ave, SF, CA 94116; TEL: 753-5567 Sat 4/6\* & Tues 4/9/96\*\*: \* 1-3 pm; \*\* 6-8 pm Expiration date: 04/10/96

East & West of Castro St. Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96

Raelian Group - Kevin McGowan 140A Langton St, SF, CA 94103; TEL: 863-5173 Wed 4/17/96: 6-8:30 pm Expiration date: 04/18/96

#### Park

Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96



04/05/96 Page 2

Haight Ashbury Neighborhood Council - Donna Gouse 409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757 2nd Thursdays: 7 pm Expiration date: 08/09/96

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

Haight Ashbury Street Fair - Pablo Heising
952 Ashbury St, SF, CA 94117; TEL: 661-8025
4/25 & 5/30/96: 7-8:30 pm
Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110 Tues 2/27; 3/12,26; 6/11,18,25; 7/9,23/96: 6:30-9:30 pm Expiration date: 07/24/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

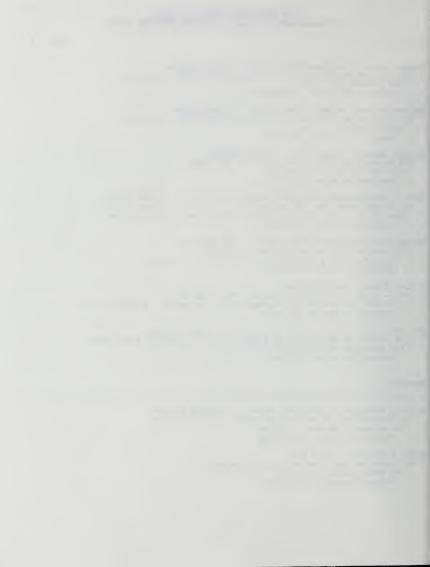
Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 3/13/96, thereafter 3rd Wednesday of the month: 6:30-8:30 pm Expiration date: 07/11/96

San Francisco Bicycle Coalition (SFBC) - David Snyder 1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406 1st Tuesdays beg. 12/5/95: 6-10 p.m. Expiration date: 05/08/96

#### Potrero

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Starr King Park - Jane Fay 96 Caire Ter, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 05/09/95



04/05/96

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#### Presidio

Common Cause - Charles Marsteller 835 Turk St #605, SF, CA 94102; TEL: 567-1739 Tues 2/20, 3/19 & 4/16/96: 6:45-8:45 pm Expiration date: 04/17/96

St. Francis ITC - Edna Olson 517 Newman Dr, So. SF, CA 94080; TEL: 761-1553 2nd & 4th Tuesdays: 7-8:45 pm Expiration date: 06/26/96

Tara Center North California - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/20/96: 11 am-1 pm Expiration date: 04/21/96

#### Richmond

The Housing Rights Committee of SF - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 09/29/96

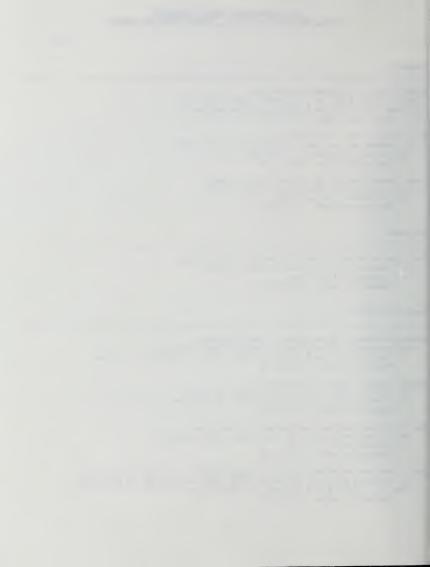
#### Western Addition

American Chronic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 3/14,28; 4/11,25; 5/9,23; 6/13,27; 7/11,25; 8/8,22: 1-3 pm Expiration date: 08/23/96

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San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr.
121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783
Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm
Expiration date: 06/02/96



04/05/96

Page 4

Tara Center, N. Cal. - Abbie Blair 1830 Fell St, SF, CA 94117; TEL: 387-0988 Sat 4/27/96: 11 am-1 pm Expiration date: 04/28/96

The Senior Citizen Christian Fellowship - Mr. Dewitt Nunnery 111 Sweeney St, SF, CA 94134; TEL: 468-2975 3rd Tuesdays: 1-3 pm Expiration date: 06/19/96



### APPLICATIONS for USE of BRANCH MEETING ROOMS

#3| APPLICATIONS FOR USE OF BRANCH MEETING ROOMS

04/12/96 Page 1

Bayview/Anna E. Waden

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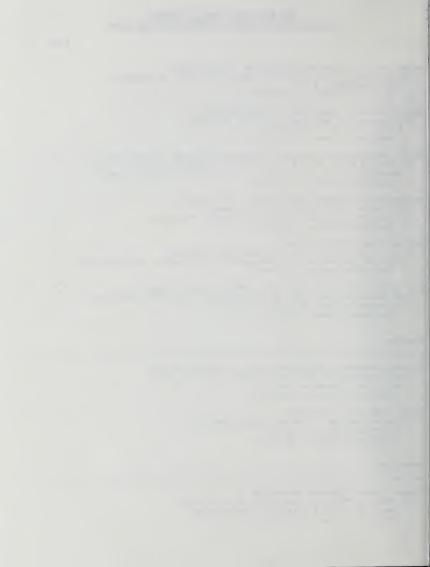
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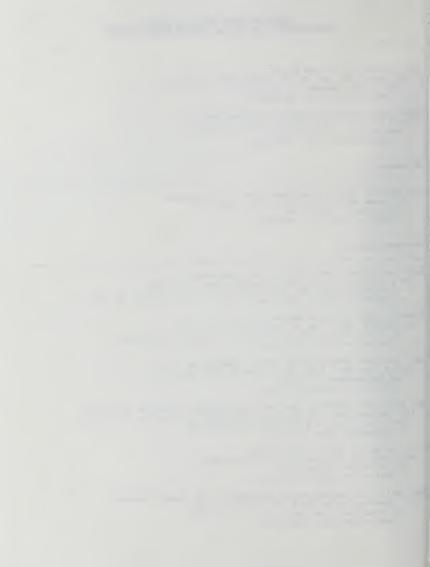
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## SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROUMS NTS DE

DEC 2 9 1995 (Adopted 9/15/92)

JAN 1 0 1996 Expiration Date: NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. SAN FRANCISCO PUBLIC LIBRARY Dates Requested: Time Requested: 1996 April 17 6:00 - 8:30 O.M Attendance Expected: NOE VALLEY BRANCH 15-35 Describe event or purpose of meeting: informative lecture which discusses the advancements of science INFORMATION ON REQUESTING ORGANIZATION: Non-Profit: Name of Group: Yes O No O Purpose of Group/Type of Activities to Take Place in the Library of recent scientific Position in Group: Full Mailing Address: Day Phone: Evening Phone: Secondary Contact Person: Position in Group: Felix Clairroyant associate Full Mailing Address: Iris Way falo Day Phone: Evening Phone: 415-856-4055 256-4055 CONDITIONS FOR USE: Insurance required? Yes \( \square\) No \( \square\). If yes, attach insurance rider. Roeliat (500) (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Ralliam (570.00 (group or organization), its agents or employee. 160 (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: 12-27-95 (signature) SPECIAL AUTHORIZATION: REFRESHMENTS: (initials of authorizing authority). FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: Key Deposit: \$ rec'd/waived by: Janitorial: rec'd/waived by: Approved Disapproved Room Not Available: Alternate Suggested: BY: BRANCH/MAIN MANAGER:

SFPI. - 15



# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS 124/96

JAN 241996 SFPL - 15

700 pm to 8 pm

OF PUBLIC MEETING ROOMS (Adopted 9/15/92)

Expiration Date: YAGA 31

Expiration Date: \_\_\_\_\_ (1) (0) co Manager of Requested Facility.

Time Requested:

Attendance Expected:

NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.

Dates Requested: Apr 25

Describe event or purpose of meeting:

Facility:

PARK BRANCH

| H.A. STREEF FAIR ORganicational MEESING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |
| Name of Group:<br>H.A. STREET, PAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Profit:<br>Yes ⊗ No ○ |
| Purpose of Group/Type of Activities to Take Place in the Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| Primary Contact Person: FABLE HETING Position in Group: Cleans un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |
| Primary Contact Person: TARCe HEIZING Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in Group: Cleans an       |
| Full Mailing Address: Colory St. SF. Color Day Phone: 66/- 8025 Evening Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 94117                   |
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| Secondary Contact Person: Robert Le. Ex Position                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | in Group: VCE - Cheni     |
| Full Mailing Address: \$ 1496 WWEL SF 94117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| Day Phone: 626 - 5537 Evening Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SAME                      |
| A. Smcc Fun (Identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the HA Trace fun (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforcable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some dury imposed by law or contract on A. A. Creef further (group or organization), its agents or employee.  H.A. Smcef further (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.  **Certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:  **Take III I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:  **Take III I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:  **Take III I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:  **Take III I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: |                           |
| SPECIAL AUTHORIZATION:  REFRESHMENTS: (initials of authorizing authority).  FEES PAID/WAIVED: Room rental: \$ rec'd/waived by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |



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### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

04/26/96 Page 1

Bayview/Anna E. Waden

Gentle Flame Evangelistic Association - Rev. Telema Okobi POB 881553, SF, CA 94188-1553; TEL: D 487-0231, E 227-7071 Tuesdays: 11 am-1 pm

Expiration date: 05/01/96

Excelsior

CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 2/14, 3/13, 4/10, 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

Logistical International Training - Georgia Young 324 Laidley St, SF, CA 94131; TEL: 333-4954 Sat 4/20, 5/18 & 6/15/96: 1-3 pm Expiration date: 06/16/96

DOCUMENTS DEPT.

APR 2 9 1996 SAN FRANCISCO PUBLIC LIBRARY

Noe Valley/Sally Brunn

East & West of Castro St. Improvement Club - Paul Kantus
492 Douglas St, SF, CA 94114; TEL: 647-3753
 lst Wednesdays, except July & August: 7:30-9 pm
 Expiration date: 07/04/96

Park

Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96

Haight Ashbury Neighborhood Council - Donna Gouse 409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757 2nd Thursdays: 7 pm Expiration date: 08/09/96

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96



04/26/96 Page 2

Haight Ashbury Street Fair - Pablo Heising
952 Ashbury St, SF, CA 94117; TEL: 661-8025
4/25 & 5/30/96: 7-8:30 pm
Expiration date: 05/31/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; Pager 560-1110 Tues 2/27; 3/12,26; 6/11,18,25; 7/9,23/96: 6:30-9:30 pm Expiration date: 07/24/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 2/10/96\*, 5/14 & 6/11/96\*\*: \* 1:30-3; \*\* 7-9 pm Expiration date: 06/12/96

Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 3/13/96, thereafter 3rd Wednesday of the month: 6:30-8:30 pm Expiration date: 07/11/96

San Francisco Bicycle Coalition (SFBC) - David Snyder
1095 Market St #215, SF, CA 94103; TEL: D 431-2453, E 668-2406
1st Tuesdays beg. 12/5/95: 6-10 p.m.
Expiration date: 05/08/96

#### Potrero

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Starr King Park - Jane Fay 96 Caire Ter, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 05/09/95

#### Presidio

St. Francis ITC - Edna Olson
517 Newman Dr, So. SF, CA 94080; TEL: 761-1553
2nd & 4th Tuesdays: 7-8:45 pm
Expiration date: 06/26/96



04/26/96

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#### Richmond

The Housing Rights Committee of SF - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30-2 pm Expiration date: 09/29/96

#### Western Addition

American Chronic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 3/14,28; 4/11,25; 5/9,23; 6/13,27; 7/11,25; 8/8,22: 1-3 pm Expiration date: 08/23/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

San Francisco Esperanto Regional Organization - Charles Galvin Jr.
121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783
Sat 1/6, 2/3, 5/4 & 6/1/96: 1:30-3:30 pm
Expiration date: 06/02/96

Tara Center, N. Cal. - Abbie Blair
1830 Fell St, SF, CA 94117; TEL: 387-0988
Sat 4/27/96: 11 am-1 pm
Expiration date: 04/28/96

The Senior Citizen Christian Fellowship - Mr. Dewitt Nunnery 111 Sweeney St, SF, CA 94134; TEL: 468-2975 3rd Tuesdays: 1-3 pm Expiration date: 06/19/96



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### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

05/31/96

Page 1

Excelsior Branch
CWEST - San Francisco Commodore & Amiga User Group - George Todd
3462 - 17th St #B, SF, CA 94110; TEL: 626-9946
Wed 5/8 & 6/12/96: 6:30-8:45 pm
Expiration date: 06/13/96

Excelsior Branch
Federacion de Periodistas Latinos - Raul Moreno
POB 40547, SF, CA 94140; TEL: 647-9618
3rd Saturdays except June (6/29/96): 1:30-4:30 PBOCUMENTS DEPT.
Expiration date: 08/18/96

JUN 0 4 1996 SAN FRANCISCO PUBLIC LIBRARY

Excelsior Branch
Logistical International Training - Georgia Young
324 Laidley St, SF, CA 94131; TEL: 333-4954
Sat 5/18 & 6/15/96: 1-3 pm
Expiration date: 06/16/96

Noe Valley/Sally Brunn Branch
East & West of Castro Street Improvement Club - Paul Kantus
492 Douglas St, SF, CA 94114; TEL: 647-3753
1st Wednesdays, except July & August: 7:30-9 pm
Expiration date: 07/04/96

Park Branch
Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96

Park Branch
Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 654-8757
2nd Thursdays: 7 pm
Expiration date: 08/09/96

Park Branch
Haight Ashbury Neighborhood Council Recycling Ctr. - Greg Gaar
21 Beulah St, SF, CA 94117; TEL: 752-5983
Wed 6/5/96: 7 pm
Expiration date: 06/06/96



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Park Branch
Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

Park Branch
NERT - Neighborhood Emergency Response Training - Frank Lucir
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110
Tues 6/11,18,25; 7/9,23/96: 6:30-9:30 pm
Expiration date: 07/24/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 6/11/96: 7-9 pm Expiration date: 06/12/96

Park Branch

Park Branch Progressive Voters Network - Liz Pallatto 1971 Oak St, SF, CA 94117; TEL: D 923-5643; E 668-9937 Tues 7/16/96: 7-9 pm Expiration date: 07/17/96

Park Branch
Roller Divas - Kelly McCown
1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336
3rd Wednesdays: 6:30-8:30 pm
Expiration date: 07/11/96

Potrero Branch
Potrero Boosters & Merchants Assoc. - Richard Millet
250 Connecticut St #, SF, CA 94107; TEL: 861-0345
1st & last Tuesdays: 6-9 pm
Expiration date: 06/30/96

Potrero Branch Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96



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Presidio Branch
St. Francis ITC - Edna Olson
517 Newman Dr, So. SF, CA 94080; TEL: 761-1553
2nd & 4th Tuesdays: 7-8:45 pm
Expiration date: 06/26/96

Richmond Branch
The Housing Rights Committee of San Francisco - Kate Gordon
115 Jones St, SF, CA 94102; TEL: 749-3705
Saturdays: 11:30 am-2 pm
Expiration date: 09/29/96

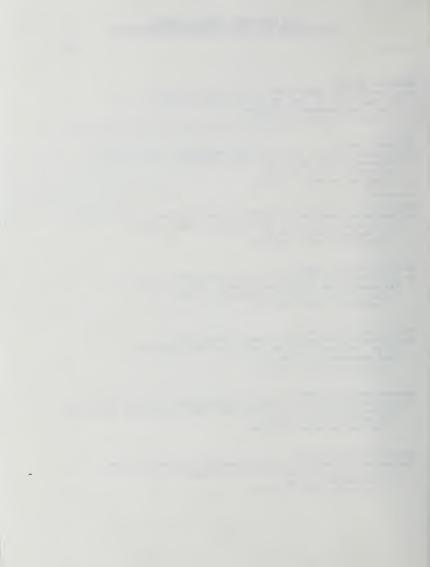
Western Addition Branch
African/Asian American Roundtable of San Francisco - Roy Harrison
3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935
3rd Mondays: 6:30-8:45 pm
Expiration date: 09/17/96

Western Addition Branch American Chrnonic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 Thurs 6/13,27; 7/11,25; 8/8,22/96: 1-3 pm Expiration date: 08/23/96

Western Addition Branch
San Francisco Amateur Astronomers - Nancy Cox
1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217
2nd Wednesdays: 7-9 pm
Expiration date: 12/12/96

Western Addition Branch
San Francisco Esperanto Regional Organization - Charles Galvin Jr.
121 Cortland Ave, SF, CA 94126-2638; TEL: D 693-9300; E 821-9783
Sat 6/1/96: 1:30-3:30 pm
Expiration date: 06/02/96

Western Addition Branch
The Senior Citizen Christian Fellowship - Mr. Dewitt Nunnery
111 Sweeney St, SF, CA 94134; TEL: 468-2975
3rd Tuesdays: 1-3 pm
Expiration date: 06/19/96



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### SAN FRANCISCO/PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

06/06/96

Page 1

Bayview/Anna E. Waden
Bayview Hunter's Point Family Child Care Support G - Doris Landry
3450 Third St, Suite 200, SF, CA 94124; TEL: D 920-7280; E 822-2249
Wed 6/12/96: 7-9 pm
Expiration date: 06/13/96

Excelsion

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 Wed 5/8 & 6/12/96: 6:30-8:45 pm Expiration date: 06/13/96

DOCUMENTS DEPT

Excelsior

Federacion de Periodistas Latinos - Raul Moreno POB 40547, SF, CA 94140; TEL: 647-9618 3rd Saturdays except June (6/29/96): 1:30-4:30 pm Expiration date: 08/18/96 JUN 07 1996 SAN FRANCISCO PUBLIC LIBRARY

Excelsior

Logistical International Training - Georgia Young 324 Laidley St, SF, CA 94131; TEL: 333-4954 Sat 5/18 & 6/15/96: 1-3 pm Expiration date: 06/16/96

Noe Valley/Sally Brunn

East & West of Castro Street Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96

D---l-

Haight Ashbury Goddess Society - Stan Flouride
1227 Masonic St #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 06/21/96

Park



06/06/96 Page 2

Haight Ashbury Neighborhood Council Recycling Ctr. - Greg Gaar 21 Beulah St, SF, CA 94117; TEL: 752-5983 Wed 6/5/96: 7 pm

Expiration date: 06/06/96

Park

Haight Ashbury Service Association - Donna Gouse 409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757 3rd Thursdays: 1 pm Expiration date: 08/16/96

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NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110 Tues 6/11,18,25; 7/9,23/96: 6:30-9:30 pm Expiration date: 07/24/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 6/11/96: 7-9 pm Expiration date: 06/12/96

Park

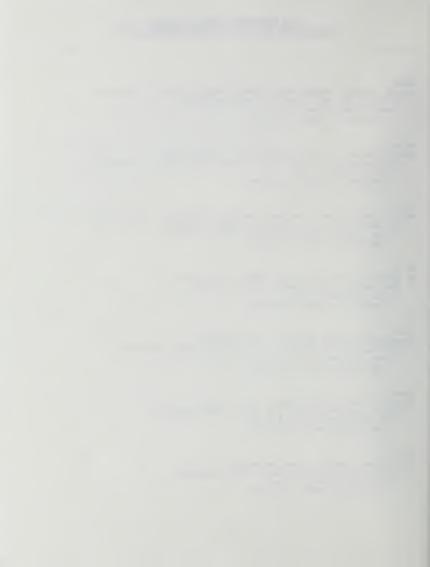
Progressive Voters Network - Liz Pallatto 1971 Oak St, SF, CA 94117; TEL: D 923-5643; E 668-9937 Tues 7/16/96: 7-9 pm Expiration date: 07/17/96

Park

Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 3rd Wednesdays: 6:30-8:30 pm Expiration date: 07/11/96

Park

Sri Chinmoy Centre - Charlie Rebich 529 Moraga St, SF, CA 94122; TEL: 665-8626 Fri 6/21 & 6/28: 7-9 pm Expiration date: 06/29/96



06/06/96 Page 3

Potrero

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Potrero

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

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06/06/96 Page 4

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SF P75 #31

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06/14/96

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Sat 5/18 & 6/15/96: 1-3 pm
Expiration date: 06/16/96

JUN 17 1996 SAN FRANCISCO PUBLIC LIBRARY

Excelsior

Primerica Financial Services - Margriet Rensch 10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 626-9327; E 773-9985 6/22, 6/26, 8/7 & 8/24/96: 4-5 Sat, 12-1 Wed Expiration date: 08/25/96

Noe Valley/Sally Brunn
East & West of Castro Street Improvement Club - Paul Kantus
492 Douglas St, SF, CA 94114; TEL: 647-3753
1st Wednesdays, except July & August: 7:30-9 pm
Expiration date: 07/04/96

Noe Valley/Sally Brunn
Progressive Voters Network - Phillip Babcock
109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801
3rd Tuesdays: 7-8:50 pm
Expiration date: 11/20/96

Park

Haight Ashbury Goddess Society - Stan Flouride 1227 Masonic St #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 06/21/96

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06/14/96 Page 2

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Potrero Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96



06/14/96 Page 3

Presidio

St. Francis ITC - Edna Olson

517 Newman Dr, So. SF, CA 94080; TEL: 761-1553 2nd & 4th Tuesdays: 7-8:45 pm

Expiration date: 06/26/96

Richmond

The Housing Rights Committee of San Francisco - Kate Gordon

115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30 am-2 pm

aturdays: 11:30 am-2 pm Expiration date: 09/29/96

Western Addition

African/Asian American Roundtable of San Francisco - Roy Harrison

3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935

3rd Mondays: 6:30-8:45 pm Expiration date: 09/17/96

Western Addition

American Chrnonic Pain Assoc. - Jeri Raimondi

1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553

Thurs 6/13,27; 7/11,25; 8/8,22/96: 1-3 pm

Expiration date: 08/23/96

Western Addition

San Francisco Amateur Astronomers - Nancy Cox

1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217

2nd Wednesdays: 7-9 pm

Expiration date: 12/12/96

Western Addition

The Senior Citizen Christian Fellowship - Mr. Dewitt Nunnery

111 Sweeney St, SF, CA 94134; TEL: 468-2975

3rd Tuesdays: 1-3 pm

Expiration date: 06/19/96



P75 #31

# SAN FRANCISCO/PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

06/27/96

Page 1

# EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George 2nd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm

Expiration date: 12/12/96

DOCUMENTS DEPT.

Federacion de Periodistas Latinos - Raul Moreno POB 40547, SF, CA 94140; TEL: 647-9618 3rd Saturdays except June (6/29/96): 1:30-4:30 pm Expiration date: 08/18/96

JUL 0 2 1996 SAN FRANCISCO PUBLIC LIBRARY

Primerica Financial Services - Margriet Rensch 10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 626-9327, 2 773-9985 6/22, 6/26, 8/7 & 8/24/96: 4-5 Sat, 12-1 Wed Expiration date: 08/25/96

# NOE VALLEY/SALLY BRUNN

East & West of Castro Street Improvement Club - Paul Kantus 492 Douglas St, SF, CA 94114; TEL: 647-3753 1st Wednesdays, except July & August: 7:30-9 pm Expiration date: 07/04/96

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

#### PARK

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

NERT - Neighborhood Emergency Response Training - Frank Lucir 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110 Tues 6/11,18,25; 7/9,23/96: 6:30-9:30 pm Expiration date: 07/24/96



06/27/96

Page 3

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

Progressive Voters Network - Liz Pallatto 1971 Oak St, SF, CA 94117; TEL: D 923-5643; E 668-9937 Tues 7/16/96: 7-9 pm Expiration date: 07/17/96

Roller Divas - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: 665-0336 3rd Wednesdays: 6:30-8:30 pm Expiration date: 07/11/96

Sri Chinmoy Centre - Charlie Rebich 529 Moraga St, SF, CA 94122; TEL: 665-8626 Fri 6/21 & 6/28: 7-9 pm Expiration date: 06/29/96

# POTRERO

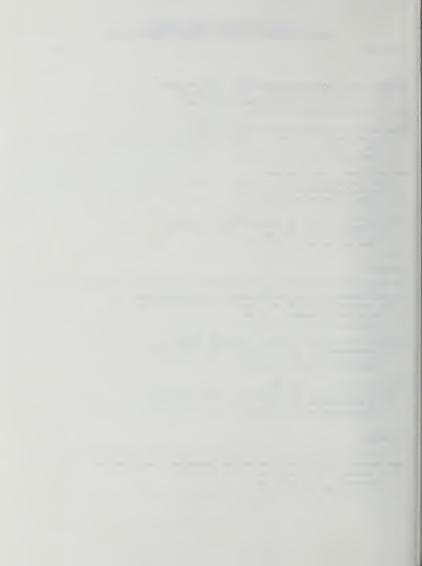
Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6-9 pm Expiration date: 06/30/96

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

# RICHMOND

The Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30 am-2 pm Expiration date: 09/29/96



# SAN FRANCISCO PUBLIC IDRARY APPLICATIONS for USE of BRANCH MEETING ROCMS

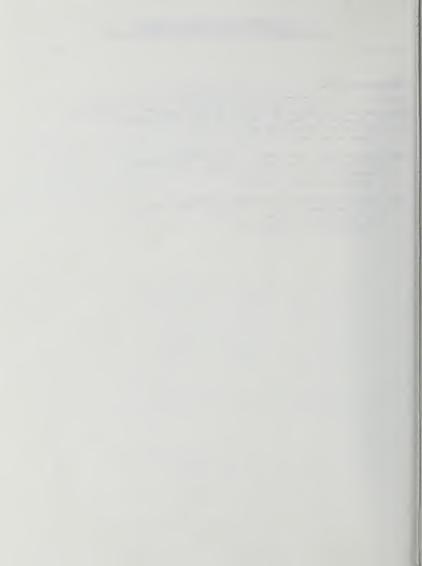
06/27/96

# WESTERN ADDITION

African/Asian American Roundtable of San Francisco - Roy Harrison 3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935 3rd Mondays: 6:30-8:45 pm Expiration date: 09/17/96

American Chrnonic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 Thurs 6/13,27; 7/11,25; 8/8,22/96: 1-3 pm Expiration\_date: 08/23/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96 age



# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

07/18/96

Page 1

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CHINATOWN

JUL 1 9 1996

PUBLIC LIBRARY

SF Commission on Animal Control and Welfare - Richard Schulke 401 Van Ness Ave #400, SF, CA 94114; TEL: W 554-6821; H 626-6861 Wed 7/17/96: 5:30-7:30 pm Expiration date: 07/18/96

The Association of Chinese Teachers (TACT) - Frances Lee 381 - 22nd Ave, SF, CA 94121; TEL: 752-7963 Sat 8/10/96: 9:15 am-5:45 pm Expiration date: 08/11/96

### EXCELSIOR

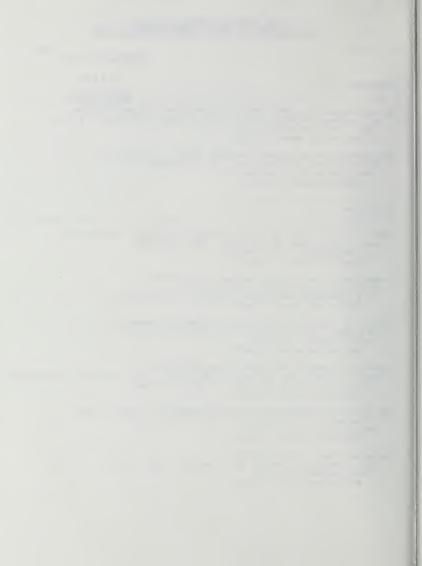
Federacion de Periodistas Latinos - Raul Moreno POB 40547, SF, CA 94140; TEL: 647-9618 3rd Saturdays except June (6/29/96): 1:30-4:30 pm Expiration date: 08/18/96

Friends of Excelsior School Yard - Rebecca Silverberg 154 Lisbon, SF, CA 94112; TEL: D 692-4300 x 206 Tues 7/23/96: 7-8:45 pm Expiration date: 07/24/96

Primerica Financial Services - Margriet Rensch 10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 626-9327; E 773-9985 6/22, 6/26, 8/7 & 8/24/96: 4-5 Sat, 12-1 Wed Expiration date: 08/25/96

San Francisco Neighborhood Safety Partnership - Carmen Rojas 850 Bryant St, SF, CA 94103; TEL: 553-1962 Ext 11 Wed 7/24/96: 6:30-8:45 pm Expiration date: 07/25/96

Santa Fe Group - Sandra Handler CCSF 50 Phelan Ave #A208, SF, CA 94112; TEL: 239-3175 Mon 7/29/96: 5:30-7 pm Expiration date: 07/30/96



07/18/96 Page 2

# NOE VALLEY/SALLY BRUNN

Friends of the Urban Forest - Steve Firestone 3117 Buchanan St, SF, CA 94123; TEL: D 826-7676; E 776-9690 Wed 7/23/96: 7-8:50 pm Expiration date: 07/24/96

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

### PARK

Haight Ashbury Goddess Society - Stan Flouride 1227 Masonic #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 07/19/96

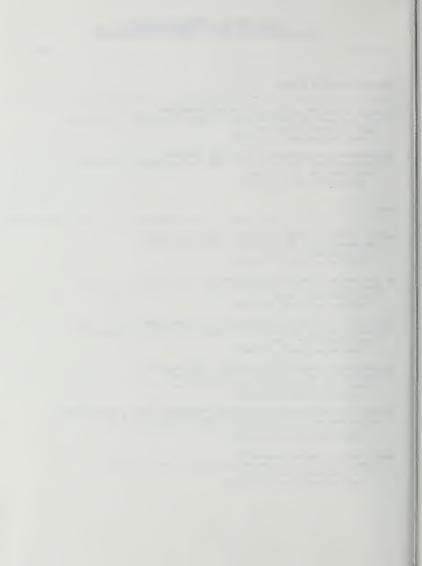
Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 654-8757
2nd Thursdays: 7 pm
Expiration date: 08/09/96

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110
7/23; 8/24; 9/7; 10/22,29; 11/12,19; 12/3/96: 6:30
Expiration date: 12/04/96

Word 4 Word - Aaron Greenwald 20 Meadowcroft, San Anselmo, CA 94960; TEL: 453-3099 Fri 7/19/96: 6:30-9:30 pm Expiration date: 07/20/96



07/18/96 Page 3

# POTRERO

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6:30-9 pm Exmiration date: 01/01/97

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

### RICHMOND

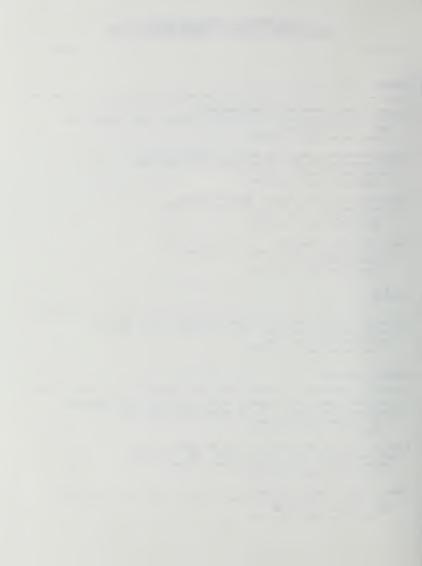
The Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30 am-2 pm Expiration date: 09/29/96

# WESTERN ADDITION

African/Asian American Roundtable of San Francisco - Roy Harrison 3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935 3rd Mondays: 6:30-8:45 pm Expiration date: 09/17/96

American Chrnonic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 Thurs 6/13,27; 7/11,25; 8/8,22/96: 1-3 pm Expiration date: 08/23/96

Common Cause - Susan Stephenson 4111 - 18th St, Ste 6, SF, CA 94114; TEL: D 436-9250; E 648-2686 Wed 7/31/96: 7:15-9 pm Expiration date: 08/01/96



# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

07/18/96 Page 4

Electronic Filing Group - Opal Hampton 1301 Clay St, Ste 1500S, Oakland, CA 94612-5210; TEL: 510-637-2475/2482 Wed 10/2/96: 5-7 pm Expiration date: 10/03/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

United We Stand America - David Wiesner 1865 Bush St #201, SF, CA 94109; TEL: 346-4320 2nd Saturdays: 12 noon-2:30 pm Expiration date: 12/15/96



# SAN FRANCISCO PUBLIC LIBRARY JUL 23 1990 SFPL - 15

APPLICATION FOR USE OF PUBLIC MEETING ROOMS (Adopted 9/15/92)

January 17 1997 Expiration Date:

| OTE: Complete this form in duplicate and submit to Manage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | er of Requested Facility.                                                                                                              |
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| Dates Requested:  Sep THURD DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Time Requested: 6 - 9 DOCUMENTS DEP                                                                                                    |
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Attendance Expected:  /5-20  JUL 26 1996                                                                                               |
| Describe event or purpose of meeting:  DISCUSSION INSTRUCTION IN GOODEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SAN FRANCISCO PUBLIC LIBRARY                                                                                                           |
| FORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |
| Name of Group:  HALVING ALABANY GODONS  Purpose of Group/Type of Activities to Take Place in the Li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Stelet Ves No O                                                                                                                        |
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| MESTAL DISCLOSION Primary Contact Person: STEN FLOWELDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Position in Group: Famo ER                                                                                                             |
| Full Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |
| Day Phone: 552-8269                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evening Phone:                                                                                                                         |
| Secondary Contact Person: Cos, FABIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Position in Group: Kaywo ER                                                                                                            |
| Full Mailing Address: 909 PSHBnsy 5+.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |
| Day Phone: 564-2275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evening Phone:                                                                                                                         |
| rainst any and all loss, damage, injury, liability, and claim the entropy of the loss of the negligence of, and regardless opposed on, City, except to the extent that such indemnity is nor validly retroactive to the date of this agreement and except active negligence or willful misconduct of City and/or is not city imposed by law or contract on the date of the series of the series of the loss of the | ization) shall indemnify and hold City harmless from all loss and<br>es and all other liabilities incurred in and about any such claim |
| SAN MARION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (signature) 18 Juy 96 (date).                                                                                                          |
| /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | THORIZATION: ority). I/waived by: I/waived by: I/waived by:                                                                            |

BY: BRANCH/MAIN MANAGER: Cut S. Oble



JUL 1 6 1996

# SF P75 #3/a 7/16/96

# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

Expiration Date: 194

(Adopted 9/15/92)

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| Facility: EXCELSIOR BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Describe event or purpose of meeting. TO discuss participation in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| FORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Name of Group:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Purpose of Group/Type of Activities to Take Place in the Library:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Discussion of advocacy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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P75

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

07/25/96

# DOCUMENTS DEPT.

Page 1

BAYVIEW/ANNA E. WADEN

JUL 26 1996 SAN FRANCISCO PUBLIC LIBRARY

Hunters Point Partnerships for Change & Contractor - Andrew Michael PO Box 471647, SF, CA 94147; TEL: 922-1851 Wed 7/31 & 8/21/96: 6-8:30 pm Expiration date: 08/22/96

#### CHINATOWN

SF Commission on Animal Control and Welfare - Richard Schulke 401 Van Ness Ave #400, SF, CA 94114; TEL: W 554-6821; H 626-6861 Wed 7/17/96: 5:30-7:30 pm Expiration date: 07/18/96

The Association of Chinese Teachers (TACT) - Frances Lee 381 - 22nd Ave, SF, CA 94121; TEL: 752-7963 Sat 8/10/96: 9:15 am-5:45 pm Expiration date: 08/11/96

#### EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

Federacion de Periodistas Latinos - Raul Moreno POB 40547, SF, CA 94140; TEL: 647-9618 3rd Saturdays except June (6/29/96): 1:30-4:30 pm Expiration date: 08/18/96

Friends of Excelsior School Yard - Rebecca Silverberg 154 Lisbon, SF, CA 94112; TEL: D 692-4300 x 206 Tues 7/23/96: 7-8:45 pm Expiration date: 07/24/96

Primerica Financial Services - Margriet Rensch 10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 626-9327; E 773-9985 6/22, 6/26, 8/7 & 8/24/96: 4-5 Sat, 12-1 Wed Expiration date: 08/25/96

San Francisco Neighborhood Safety Partnership - Carmen Rojas 850 Bryant St, SF, CA 94103; TEL: 553-1962 Ext 11 Wed 7/24/96: 6:30-8:45 pm Expiration date: 07/25/96



# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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Santa Fe Group - Sandra Handler CCSF 50 Phelan Ave #A208, SF, CA 94112; TEL: 239-3175 Mon 7/29/96: 5:30-7 pm Expiration date: 07/30/96

# NOE VALLEY/SALLY BRUNN

Faith Darling Tax Service - Faith Darling 1304 Castro St #B, SF, CA 94114; TEL: D 821-4744 Sat 9/7 & 9/28/96: 12:30 3:30 pm Expiration date: 09/29/96

Friends of the Urban Forest - Steve Firestone 3117 Buchanan St, SF, CA 94123; TEL: D 826-7676; E 776-9690 Wed 7/23/96: 7-8:50 pm Expiration date: 07/24/96

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

# PARK

Children's Council of San Francisco - Marie Stroughter

1 Second St, 4th Floor, SF, CA 94105; TEL: D 243-0700 x 20
Thurs 8/8/96: 6-9 pm
Expiration date: 08/09/96

Haight Ashbury Goddess Society - Stan Flouride 1227 Masonic #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 07/19/96

Haight Ashbury Neighborhood Council - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 654-8757
2nd Thursdays: 7 pm
Expiration date: 08/09/96

Neighborhood Emergency Team - Ruth Vose , , CA; TEL: Tues, 8/13/96: 6:45-9 pm Expiration date:



# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110 7/23; 8/24; 9/7; 10/22,29; 11/12,19; 12/3/96: 6:30 Expiration date: 12/04/96

Word 4 Word - Aaron Greenwald
20 Meadowcroft, San Anselmo, CA 94960; TEL: 453-3099
Fri 7/19/96: 6:30-9:30 pm
Expiration date: 07/20/96

# POTRERO

Cornell Corrections - Rita McKeon
1234 Indiana St, SF, CA 94107; TEL: D 826-9040; E 583-9162
Wed 8/21/96: 6-8 pm
Expiration date: 08/22/96

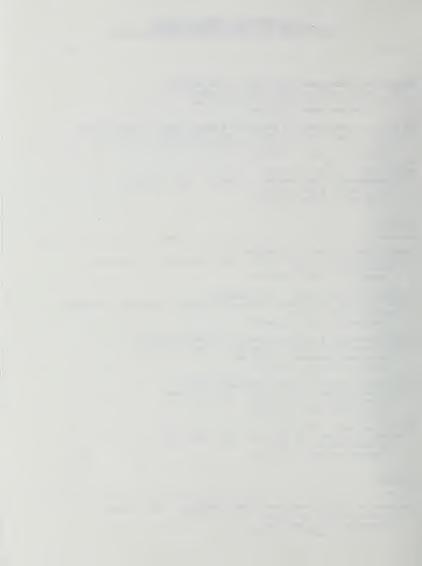
Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6:30-9 pm Expiration date: 01/01/97

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

### RICHMOND

The Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30 am-2 pm Expiration date: 09/29/96



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# WESTERN ADDITION

African/Asian American Roundtable of San Francisco - Roy Harrison 3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935 3rd Mondays: 6:30-8:45 pm Expiration date: 09/17/96

American Chrnonic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 Thurs 6/13,27; 7/11,25; 8/8,22/96: 1-3 pm Expiration date: 08/23/96

Common Cause - Susan Stephenson 4111 - 18th St, Ste 6, SF, CA 94114; TEL: D 436-9250; E 648-2686 Wed 7/31/96: 7:15-9 pm Expiration date: 08/01/96

Electronic Filing Group - Opal Hampton
1301 Clay St, Ste 1500S, Oakland, CA 94612-5210; TEL: 510-637-2475/2482
Wed 10/2/96: 5-7 pm
Expiration date: 10/03/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

United We Stand America - David Wiesner 1865 Bush St #201, SF, CA 94109; TEL: 346-4320 2nd Saturdays: 12 noon-2:30 pm Expiration date: 12/15/96



# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

7196 Expiration Date:

|                                                                                                                                                             | 7/29/96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Name of Group:                                                                                                                                              | Santa Fe Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                    | Non-Profit: Yes O No O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| urpose of Group,                                                                                                                                            | Type of Activities to Take Place in the Library:  Mel ting / Dw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Custe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| rimary Contact P                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Full Mailing Addre                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Day Phone: 64                                                                                                                                               | 15) 239-3175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Secondary Contact                                                                                                                                           | Person:<br>Emes Kendrix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| ull Mailing Addr                                                                                                                                            | SF 33 South ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Day Phone: 2                                                                                                                                                | 41-2259 (2260)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 3F                                                                                                                                                          | gardless of the negligence of, and regardle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ) activities i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | shall indemnify and save harmless the City from a<br>r injury to or death of a person, including employees<br>i including, but not limited to use of the City's faciliti<br>ether liability without fault is imposed or sought to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| posed on, City<br>or validly retre<br>active negligen<br>ty imposed by<br>Sauta<br>bility, including<br>restigation or                                      | pactive to the date of this agreement and excee or willful misconduct of City and/or is no law or contract on SFG (identify group or org attorney's fees, court costs, litigation expedefense thereof, which may be entered, incuad the meeting room rules, Waiver of Liabiliand.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | anization) s<br>nses and all<br>arred or ass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | onditions of Use and agree to all provisions of the abov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| posed on, City<br>or validly retro<br>active negligen<br>ty imposed by<br>Sauta<br>bility, including<br>estigation or ci                                    | pactive to the date of this agreement and excee or willful misconduct of City and/or is no law or contract on SFG (identify group or org a attorney's fees, court costs, litigation expedefense thereof, which may be entered, incu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                    | e such loss, damage, injury, liability or claim is the rest ted to by any act of, or by any omission to perform son  (group or organization), its agents or employee.  shall indemnify and hold City harmless from all loss ar all other liabilities incurred in and about any such clai ssessed as a result of the foregoing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| posed on, City or validly retro active negligen ty imposed by  Sulfation restigation or certify I have re  EFRESHMEN ES PAID/WA                             | active to the date of this agreement and exce or willful misconduct of City and/or is no law or contract on SFG (identify group or org attorney's fees, court costs, litigation expelefense thereof, which may be entered, incu and the meating room rules, Waiver of Liability (initials of authorizing au IVED: Room rental: \$ re Key Deposit: \$ re Janitorial: \$ re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | cept where t contribute anization) s ness and all urred or ass ity, and Con (signature UTHORIZA thority). c'd/waived c'd/waived l'd/waived l'd/ | e such loss, damage, injury, liability or claim is the rest ted to by any act of, or by any omission to perform son (group or organization), its agents or employee.  shall indemnify and hold City harmless from all loss an all other liabilities incurred in and about any such clais sesses as a result of the foregoing.  onditions of Use and agree to all provisions of the about the control of the  |  |
| posed on, City or validly retre active negligen ty imposed by  mutual bility, including restigation or ce ertify I have re  EFRESHMEN EES PAID/WA  Approved | SPECIAL A  TS: (initials of authorizing au  IVED: Room rental: \$  Key Deposit: \$  Tey Room rental: \$  Key Deposit: \$  Tey Room rental: \$  Tey Room Room Not Availableic. | cept where t contribute anization) s ness and all urred or ass ity, and Con (signature UTHORIZA thority). c'd/waived c'd/waived l'd/waived l'd/ | e such loss, damage, injury, liability or claim is the restect to by any act of, or by any omission to perform sor (group or organization), its agents or employee.  shall indemnify and hold City harmless from all loss a all other liabilities incurred in and about any such classessed as a result of the foregoing.  onditions of Use and agree to all provisions of the about the control of the cont |  |
| posed on, City or validly retre active negligen ty imposed by  Sutto bility, including restigation or ce retrify I have re  EFRESHMEN EEFRESHMEN Approved   | active to the date of this agreement and exce or willful misconduct of City and/or is no law or contract on SFG (identify group or org attorney's fees, court costs, litigation expelefense thereof, which may be entered, incu and the meating room rules, Waiver of Liability (initials of authorizing au IVED: Room rental: \$ re Key Deposit: \$ re Janitorial: \$ re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | cept where t contribute anization) s ness and all urred or ass ity, and Con (signature UTHORIZA thority). c'd/waived c'd/waived l'd/waived l'd/ | e such loss, damage, injury, liability or claim is the restect to by any act of, or by any omission to perform so (group or organization), its agents or employee.  shall indemnify and hold City harmless from all loss all other liabilities incurred in and about any such classessed as a result of the foregoing.  onditions of Use and agree to all provisions of the about the composition of the  |  |

SFPL - 15



| SF<br>075                                                                                                                | SAN FRANCISCO<br>APPLICATION FOR USE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                       | JUL 1 6 1998 - 9 : (Adopted 9/15/92)                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3/a<br>116/96<br>IGTE: Complete                                                                                          | this form <u>in duplicate</u> and submit to Manage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Expiration Date:                                                                                                                                               | Tity.                                                                                                                                                                                 | DOCUMENTS DE                                                                                                                                                                                                                                                          |
| Doles Requested:                                                                                                         | haly 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Time Requested:                                                                                                                                                | 7:15-0                                                                                                                                                                                | :00 JUL 1 9 1996                                                                                                                                                                                                                                                      |
| Society WES                                                                                                              | TERN ADDITION BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Attendance Expected:                                                                                                                                           | 20                                                                                                                                                                                    | PUBLIC LIBRAH                                                                                                                                                                                                                                                         |
| lescribe avent or pu                                                                                                     | pose of meeting: Campaign organize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                       |
| GRMATION ON R                                                                                                            | EQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                       |
| iume of Group:                                                                                                           | Common Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                | Non-Profit:                                                                                                                                                                           | SEAT NO O                                                                                                                                                                                                                                                             |
|                                                                                                                          | pe of Activities to Take Place in the Library.  All Meeting to Pans Nove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ember bal                                                                                                                                                      | lot inis                                                                                                                                                                              | tative !                                                                                                                                                                                                                                                              |
| intay Contact Pens                                                                                                       | Swan Stephenson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Portion in<br>Cam                                                                                                                                              | Groups<br>paign Or                                                                                                                                                                    | anizer                                                                                                                                                                                                                                                                |
| il Mailing Address                                                                                                       | 4111 18th St, Ste 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SF 941                                                                                                                                                         | 14                                                                                                                                                                                    |                                                                                                                                                                                                                                                                       |
| sy Phone: L                                                                                                              | 136-9250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Evening Phone:                                                                                                                                                 | 148-2681                                                                                                                                                                              | Q .                                                                                                                                                                                                                                                                   |
| ocondary Council Pe<br>of Mailing Address<br>by Phone:                                                                   | wne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Position In  Evening Phone:                                                                                                                                    | atour                                                                                                                                                                                 |                                                                                                                                                                                                                                                                       |
| inst any and all any any any all any | (Identify group or organicles, damage, injury, liability, and claim the group or organization) as release of the negligence of, and regardless of the negligence of, and regardless except to the extent that such indemnity is written to the date of this agreement and except or willful misconduct of City and/or is not or or contract on Communication or organic literatury group or organic literatury focus organic l | of whether liability of whether liability of of therwise un t where such loss, dentributed to by any  (group  zation) shall indemuse s and all other liability | nify and save ha<br>death of a perso<br>ut not limited to<br>without fault is<br>enforceable und<br>amage, injury, lia<br>act of, or by any<br>or organization),<br>ify and hold City | rmless the City from and<br>n, including employees of<br>use of the City's facilities<br>imposed or sought to be<br>er applicable law in effect<br>bility or claim is the result<br>omission to perform some<br>its agents or employee.<br>harmless from all loss and |
| estigation or defe                                                                                                       | use thereof, which may be entered, incurre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                |                                                                                                                                                                                       | going.                                                                                                                                                                                                                                                                |
| estigation or defe                                                                                                       | the meeting room rules, Waiver of Liability,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and Conditions of L<br>(signature) SUS                                                                                                                         | Ise and agree to s                                                                                                                                                                    | going.                                                                                                                                                                                                                                                                |



P75 #31

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

08/08/96

DOCUMENTS DEPT. Page 1

AUG 1 2 1996

BAYVIEW/ANNA E. WADEN

SAN FRANCISCO PUBLIC LIBRARY

Hunters Point Partnerships for Change & Contractor - Andrew Michael
PO Box 471647, SF, CA 94147; TEL: 922-1851
Wed 7/31 & 8/21/96: 6-8:30 pm
Expiration date: 08/22/96

### CHINATOWN

The Association of Chinese Teachers (TACT) - Frances Lee 381 - 22nd Ave, SF, CA 94121; TEL: 752-7963 Sat 8/10/96: 9:15 am-5:45 pm Expiration date: 08/11/96

### EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

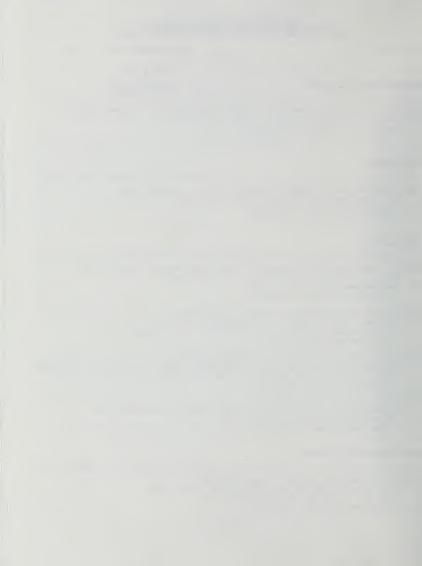
Federacion de Periodistas Latinos - Raul Moreno POB 40547, SF, CA 94140; TEL: 647-9618 3rd Saturdays except June (6/29/96): 1:30-4:30 pm Expiration date: 08/18/96

Primerica Financial Services - Margriet Rensch 10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 626-9327; E 773-9985 6/22, 6/26, 8/7 & 8/24/96: 4-5 Sat, 12-1 Wed Expiration date: 08/25/96

SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 441-2500 x 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

#### NOE VALLEY/SALLY BRUNN

Faith Darling Tax Service - Faith Darling 1304 Castro St #B, SF, CA 94114; TEL: D 821-4744 Sat 9/7 & 9/28/96: 12:30-3:30 pm Expiration date: 09/29/96



08/08/96 Page 2

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

PARK

Children's Council of San Francisco - Marie Stroughter 1 Second St, 4th Floor, SF, CA 94105; TEL: D 243-0700 x 20 Thurs 8/8/96: 6-9 pm Expiration date: 08/09/96

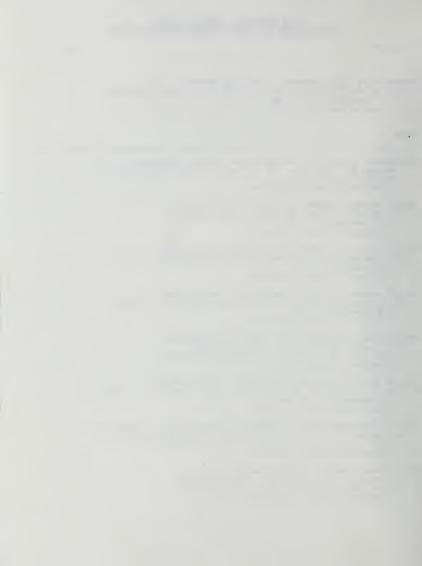
Haight Ashbury Goddess Society - Stan Fluoride 1227 Masonic #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 01/17/97

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 8/13, 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

Roller Divas (Women's skating club) - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: D 981-3000; E 665-0336 3rd Wednesdays: 7-9 pm Expiration date: 01/16/97

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110
7/23; 8/24; 9/7; 10/22,29; 11/12,19; 12/3/96: 6:30
Expiration date: 12/04/96

Sri Chinmoy Centre - Chitvan Rebich
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 10/1, 10/8 & 10/15/96: 6:30-9:30 pm
Expiration date: 10/16/96



08/08/96 Page 3

### POTRERO

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6:30-9 pm Expiration date: 01/01/97

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

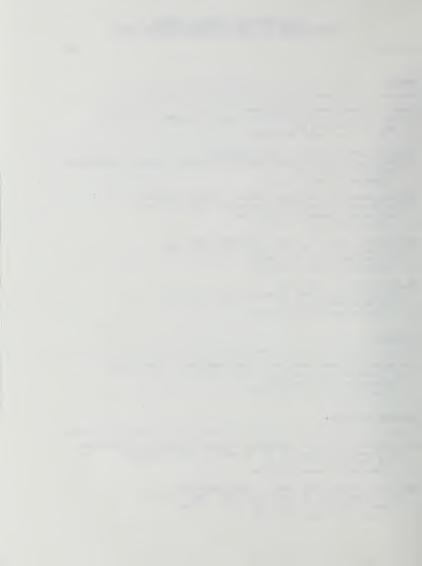
# RICHMOND

The Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30 am-2 pm Expiration date: 09/29/96

### WESTERN ADDITION

African/Asian American Roundtable of San Francisco - Roy Harrison 3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935 3rd Mondays: 6:30-8:45 pm Expiration date: 09/17/96

American Chrnonic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 Thurs 6/13,27; 7/11,25; 8/8,22/96: 1-3 pm Expiration date: 08/23/96



08/08/96

Page 4

Electronic Filing Group - Opal Hampton 1301 Clay St, Ste 1500S, Oakland, CA 94612-5210; TEL: 510-637-2475/2482 Wed 10/2/96: 5-7 pm Expiration date: 10/03/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96



### SAN FRANCISCO PUBLIC LIBRARY

JUL 1 8 1996

### REQUEST FOR USE OF PUBLIC MEETING ROOMS

| (PLEASE PRINT OR TYPE)                                                                                              |                |  |
|---------------------------------------------------------------------------------------------------------------------|----------------|--|
| NAME OF ORGANIZATION: The Association of Chinese Teach                                                              | iers (TACT)    |  |
| PURPOSE OF ORGANIZATION: to advocate for educational excelle                                                        | ence and       |  |
| equity for all students                                                                                             |                |  |
| TYPE OF ACTIVITIES taking place in the Library: Discussion: ref                                                     | flecting on    |  |
| the past year and setting goals for the next school                                                                 | year.          |  |
| INDIVIDUAL IN CHARGE of meetings in Library:                                                                        | ı              |  |
| NAME: Frances Lee                                                                                                   | DOCUME         |  |
| ADDRESS: 38/ 22 nd Avenue                                                                                           | JUL 19         |  |
| TELEPHONE: (45) 752-7963                                                                                            | SAN FP         |  |
| OFFICIAL CAPACITY: Past President                                                                                   |                |  |
| NAME TWO responsible members of the group who could be contacted by telephone during office hours, if $necessary$ : | the Library by |  |
| NAME: Lisa Kwong Telephone: (45) 45                                                                                 | 7-3614         |  |
| NAME: Steve Woo Telephone: (445) 83                                                                                 | 37 - 7937      |  |
| DATE(S): August 10, 1996 Hours: Side am to Approximate attendance: 20 people                                        | 5:45 PM        |  |
| OTHER INFORMATION:                                                                                                  |                |  |

Chief of the Main Library San Francisco Public Library Civic Center San Francisco, CA 94102 558-3471 OR

In case of Branch Library, return to the Librarian in charge of the Branch where space is requested.

my ligher

For further information on Branch meeting facilities call:

558-3602

Canelle-Lest a mesage to Elsie treminding her that we need upaated version. P75 #31

08/15/96

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

DOCUMENTS DEPT.

Page 1

BAYVIEW/ANNA E. WADEN

AUG 16 1996 SAN FRANCISCO PUBLIC LIBRARY

Hunters Point Partnerships for Change & Contractor - Andrew Michael
PO Box 471647, SF, CA 94147; TEL: 922-1851
Wed 7/31 & 8/21/96: 6-8:30 pm
Expiration date: 08/22/96

### EXCELSIOR

American National Historical Society - Eduardo Datangel 723 Chester Ave, SF, CA 94132; TEL: D 777-2451; E 593-1633 Sunday 8/18/96: 1-4 pm Expiration date: 08/19/96

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

Federacion de Periodistas Latinos - Raul Moreno POB 40547, SF, CA 94140; TEL: 647-9618 3rd Saturdays except June (6/29/96): 1:30-4:30 pm Expiration date: 08/18/96

Primerica Financial Services - Margriet Rensch 10285 San Pablo Ave, El Cerrito, CA 94530; TEL: D 626-9327; E 773-9985 6/22, 6/26, 8/7 & 8/24/96: 4-5 Sat, 12-1 Wed Expiration date: 08/25/96

SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL, D 441-2500 x 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

### NOE VALLEY/SALLY BRUNN

Faith Darling Tax Service - Faith Darling 1304 Castro St #B, SF, CA 94114; TEL: D 821-4744 Sat 9/7 & 9/28/96: 12:30-3:30 pm Expiration date: 09/29/96

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96



08/15/96 Page 2

### PARK

Haight Ashbury Goddess Society - Stan Fluoride 1227 Masonic #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 01/17/97

Haight Ashbury Service Association - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 08/16/96

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 8/13, 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

Roller Divas (Women's skating club) - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: D 981-3000; E 665-0336 3rd Wednesdays: 7-9 pm Expiration date: 01/16/97

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110
7/23; 8/24; 9/7; 10/22,29; 11/12,19; 12/3/96: 6:30
Expiration date: 12/04/96

Sri Chinmoy Centre - Chitvan Rebich
529 Moraga St, SF, CA 94122; TEL: 665-8626
 Tues 10/1, 10/8 & 10/15/96: 6:30-9:30 pm
 Expiration date: 10/16/96

### POTRERO

Abacus - Roger Sinasohn 25 Paloma Ave, SF, CA 94127; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/02/97

Cornell Corrections - Rita McKeon
1234 Indiana St, SF, CA 94107; TEL: D 826-9040; E 583-9162
Wed 8/21/96: 6-8 pm
Expiration date: 08/22/96



08/15/96 Page 3

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6:30-9 pm Expiration date: 01/01/97

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

### RICHMOND

The Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30 am-2 pm Expiration date: 09/29/96

### WESTERN ADDITION

African/Asian American Roundtable of San Francisco - Roy Harrison 3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935 3rd Mondays: 6:30-8:45 pm Expiration date: 09/17/96

American Chrnonic Pain Assoc. - Jeri Raimondi 1845 Franklin St, SF, CA 94109-3461; TEL: 771-6553 Thurs 6/13,27; 7/11,25; 8/8,22/96: 1-3 pm Expiration date: 08/23/96

Electronic Filing Group - Opal Hampton 1301 Clay St, Ste 1500S, Oakland, CA 94612-5210; TEL: 510-637-2475/2482 Wed 10/2/96: 5-7 pm Expiration date: 10/03/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96



08/22/96

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Abacus - Roger Sinasohn 25 Paloma Ave, SF, CA 94127; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/02/97

Internal Revenue Service - Opal Hampton
1301 Clay St, Suite 1500S, Oakland, CA 94612; TEL: 510-637-2482
Wed 11/13/96: 5-7 pm
Expiration date: 11/14/96

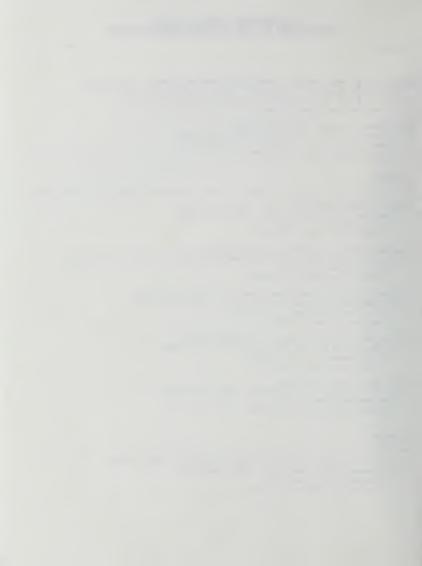
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08/22/96 Page 3

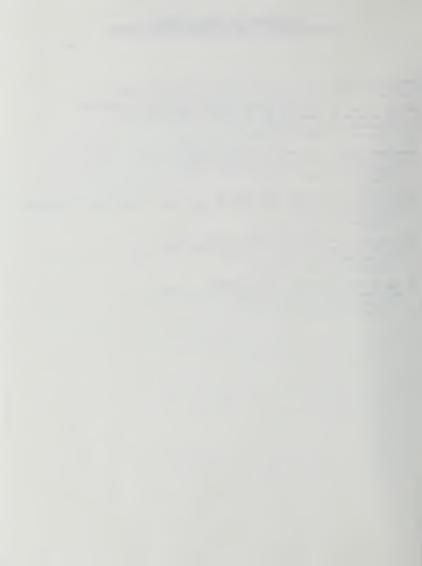
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| SAN FRANCISCO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PUBLIC LI               | IBRAF      | RY JUL 1 8 1996               | SFPL - 15         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------|-------------------------------|-------------------|
| APPLICATION FOR USE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PUBLIC I                | MEET       | ING ROOMS (A                  | dopted 9/15/92)   |
| # 3 la 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |            | Sent 8, 199                   | ) (               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Expiration Da           |            |                               |                   |
| NOTE: Complete this form in duplicate and submit to Manag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | er of Kequeste          | а гасии    | 9- (                          |                   |
| Dates Requested:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Time Reque              | ested:     |                               |                   |
| Sat. Aug. 24 and Sept. 7, 1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10-6                    | 10-6 pm    |                               |                   |
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Attendance Expected:    |            |                               |                   |
| raciny.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 20                      | •          |                               |                   |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |            |                               |                   |
| CPR + 1st Aid Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |            |                               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |            |                               |                   |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |            |                               |                   |
| Name of Group:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | - acara                 |            | Non-Profit:                   | N- O              |
| 5.F. Fire Dept. & Haight NER? Purpose of Group/Type of Activities to Take Place in the L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9124                    |            | Yes Ø                         | NOO               |
| Purpose of Group/Type of Activities to Take Flace in the L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | логагу:                 |            |                               |                   |
| same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |            |                               |                   |
| Primary Contact Person: Frank Lucier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pos                     | sition in  | Group: Director               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |            |                               |                   |
| 260 Golden Gate SF 9410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12                      |            |                               |                   |
| Day Phone: 558-3456                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evening Phon            | ne: P      | ager 560-1110                 |                   |
| Full Mailing Address:  260 Colden Gate SF 9410  Day Phone: 558-3456  Secondary Contact Person: Tes Welborn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pos                     | sition in  | Group: Cooxedinat             |                   |
| Euli Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |            |                               | .06               |
| 2001 Oak St. SF 94/17  Day Phone: 752-9297                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |            |                               |                   |
| Day Phone: 752-9297                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Evening Phone: 052-8520 |            |                               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |            |                               |                   |
| CONDITIONS FOR USE: Insurance required? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No □. If yes            | s, attach  | insurance rider.              |                   |
| ETEN INFOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |            |                               |                   |
| SFFD / NERT (identify group or organ against any and all loss, damage, injury, liability, and claim the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ization) shall          | indemni    | ify and save harmless the     | City from and     |
| the STED INER (group or organization)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | activities includ       | ding, bu   | t not limited to use of the   | City's facilities |
| or equipment, regardless of the negligence of, and regardles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s of whether h          | иаьшіу ч   | without fault is imposed of   | or sought to be   |
| imposed on, City, except to the extent that such indemnity is<br>on or validly retroactive to the date of this agreement and exce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |            |                               |                   |
| of active negligence or willful misconduct of City and/or is not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | contributed to          | by any a   | act of, or by any omission to | o perform some    |
| duty imposed by law or contract on SFFD / NERT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |            |                               |                   |
| SEEN IN FRT (identify group or organ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | vization) shall is      | ndamnif    | fu and hold City harmless f   | rom all loss and  |
| SFFD/NERT (identify group or organilability, including attorney's fees, court costs, litigation expens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ses and all other       | er liabili | ties incurred in and about    | any such claim    |
| investigation or defense thereof, which may be entered, incurr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed or assessed          | i as a re  | esult of the foregoing.       | ,                 |
| I certify I have read the meeting room rules, Waiver of Liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and Condition           | ns of Us   | se and agree to all provision | ns of the above   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |            |                               |                   |
| Tes allon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _(signature)            |            | 1-16-96                       | (date).           |
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| BY: BRANCH/MAIN MANAGER: CLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ) 04e-                  |            |                               |                   |



SF P75 #31

08/30/96

SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

DOCUMENTS DEPT.

AUG 3 0 1996

Page 1

EXCELSIOR

SAN FRANCISCO PUBLIC LIBRARY

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 441-2500 x 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

NOE VALLEY/SALLY BRUNN

Faith Darling Tax Service - Faith Darling 1304 Castro St #B, SF, CA 94114; TEL: D 821-4744 Sat 9/7 & 9/28/96: 12:30-3:30 pm Expiration date: 09/29/96

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PARK

Haight Ashbury Goddess Society - Stan Fluoride 1227 Masonic #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 01/17/97

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409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
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Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 8/13, 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96



08/30/96

Page 2

Roller Divas (Women's skating club) - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: D 981-3000; E 665-0336 3rd Wednesdays: 7-9 pm Expiration date: 01/16/97

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier 260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110 7/23; 8/24; 9/7; 10/22,29; 11/12,19; 12/3/96: 6:30 Expiration date: 12/04/96

Sri Chinmoy Centre - Chitvan Rebich
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 10/1, 10/8 & 10/15/96: 6:30-9:30 pm
Expiration date: 10/16/96

### POTRERO

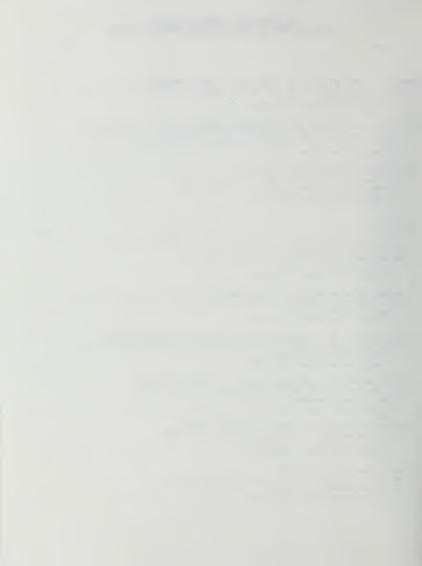
Abacus - Roger Sinasohn 25 Paloma Ave, SF, CA 94127; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/02/97

Lower Potrero Hill Neighborhood Association - Ahna Dominski 1004 Tennessee St, SF, CA 94107; TEL: D 822-3055; E 826-4368 Tues 9/10/96: 6-8:30 pm Expiration date: 09/11/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6:30-9 pm Expiration date: 01/01/97

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96



08/30/96 Page 3

### RICHMOND

The Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays: 11:30 am-2 pm Expiration date: 09/29/96

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African/Asian American Roundtable of San Francisco - Roy Harrison 3181 Mission St, Box 15, SF, CA 94110; TEL: 826-8935 3rd Mondays: 6:30-8:45 pm Expiration date: 09/17/96

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# /SAN FRANCISCO/PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

09/06/96

DOCUMENTS DEPT

Page 1

SEP 0 9 1996

BAYVIEW/ANNA E. WADEN

SAN FRANCISCO PUBLIC LIBRARY

E & Y Kenneth Leventhal - Elena Anaya 550 California, Ste 1100, SF, CA 94104; TEL: 248-2086 Wed 9/25/96: 7-9 pm Expiration date: 09/26/96

SEIU-Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 284-7528; E 359-1132 Wed 9/11/96, 11/13/96, 1/8/97: 5-7 pm Expiration date: 01/09/97

### CHINATOWN

Department of Public Works - Anna Wong 875 Stevenson St, Rm 410, SF, CA 94103; TEL: 554-6928 Wed 9/18/96: 6:30-8:30 pm Expiration date: 09/19/96

### EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

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SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 441-2500 x 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

### NOE VALLEY/SALLY BRUNN

Faith Darling Tax Service - Faith Darling 1304 Castro St #B, SF, CA 94114; TEL: D 821-4744 Sat 9/7 & 9/28/96: 12:30-3:30 pm Expiration date: 09/29/96



09/06/96 Page 2

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

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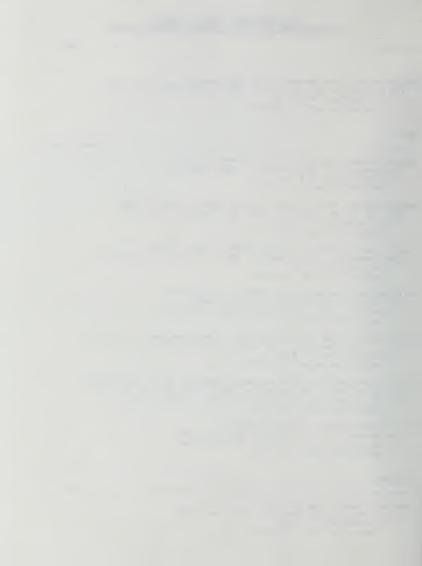
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09/06/96 Page 3

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## SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

09/13/96

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SEP 16 1996

BAYVIEW/ANNA E. WADEN

SAN FRANCISCO

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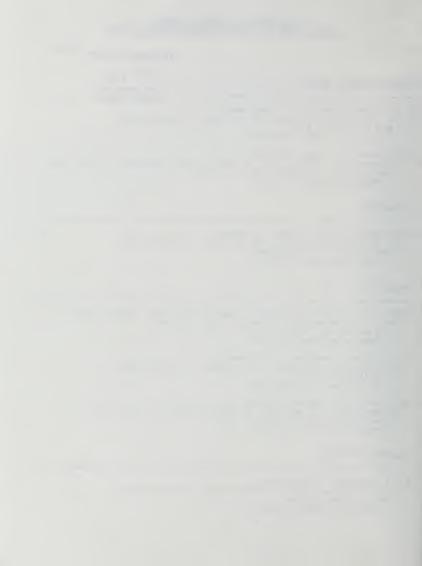
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### GOLDEN GATE VALLEY



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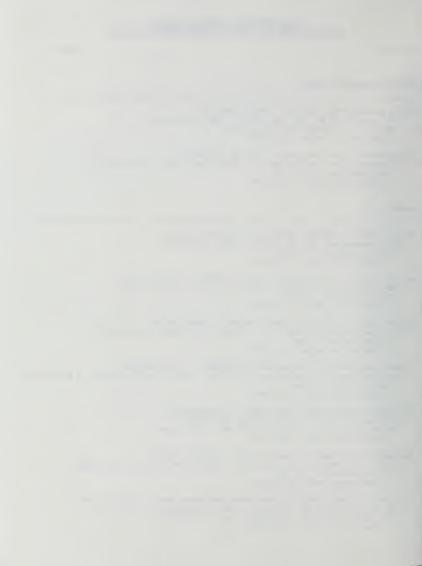
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St P75 #31

## SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

09/19/96

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BAYVIEW/ANNA E. WADEN

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### GOLDEN GATE VALLEY

Page 1



09/19/96 Page 2

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09/19/96 Page 3

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#### RICHMOND

Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays, 9/28/96-3/29/97: 11:30 am-1:30 pm Expiration date: 3/30/97



09/19/96 Page 4

## WESTERN ADDITION

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P75 #31

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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BAYVIEW/ANNA E. WADEN

SEP 27 1996

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Expiration date: 09/26/96

Hunters Point Shipyard RAB - Christine Shirley
833 Market St #1107, SF, CA 94103; TEL: D 495-1786; E 349-0330
Thurs 10/3 & 10/17/96: 3 pm
Expiration date: 10/18/96

SEIU-Local 250 - Maria Griffith
973 Market St, 7th Flr, SF, CA 94103; TEL: D 284-7528; E 359-1132
Wed 9/11/96, 11/13/96, 1/8/97: 5-7 pm
Expiration date: 01/09/97

San Francisco Boy Girl Scout Council - Irene Molina 7700 Edgewater Dr #340, Oakland, CA; TEL: 510-562-8470 ext 142 Wed 10/30/96: 6:30-8 pm Expiration date: 10/31/96

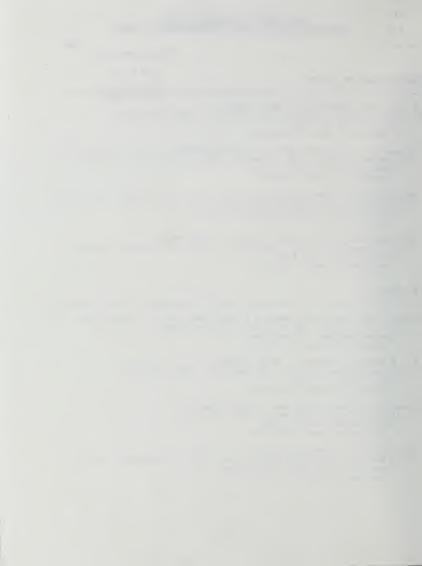
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Excelsior Earmark Committee - Grace D'Ana 143 London St, SF, CA 94112; TEL: 333-1454 Sat 9/28/96: 3:30-5:30 pm Expiration date: 09/29/96

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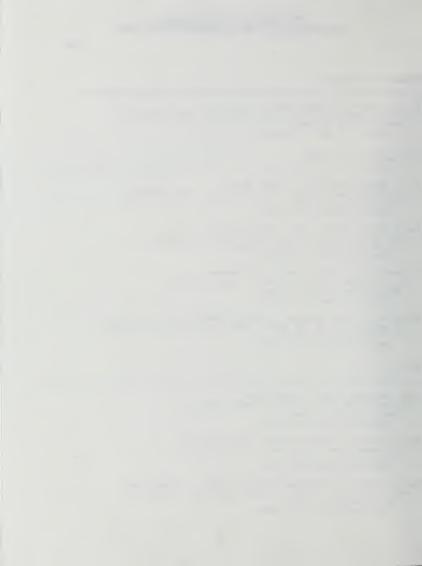
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DNCB Treatment Group - Ronnie Burk 234 Waller St, SF, CA 94102; TEL: 864-0731 Sat 10/12/96: 2-4 pm Expiration date: 10/13/96

Haight Ashbury Goddess Society - Stan Fluoride 1227 Masonic #9, SF, CA 94117; TEL: 552-8269 3rd Thursdays: 6-9 pm Expiration date: 01/17/97

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse POB 170518, SF, CA 94117; TEL: D 621-9553; E 564-8757 2nd Thursdays: 7-9 pm Expiration date: 01/10/97



Page 3

09/26/96

Haight Ashbury Service Assoc. (HASA) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 01/17/97

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 8/13, 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

Roller Divas (Women's skating club) - Kelly McCown 1271 - 11th Ave #2, SF, CA 94122; TEL: D 981-3000; E 665-0336 3rd Wednesdays: 7-9 pm Expiration date: 01/16/97

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110
10/22,29; 11/12,19; 12/3/96; 2/4,11,19,25/97; 3/11
Expiration date: 03/12/97

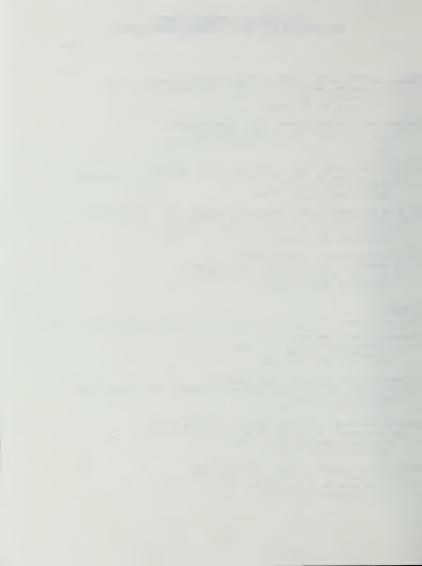
Sri Chinmoy Centre - Chitvan Rebich
529 Moraga St, SF, CA 94122; TEL: 665-8626
Tues 10/1, 10/8 & 10/15/96: 6:30-9:30 pm
Expiration date: 10/16/96

### POTRERO

Abacus - Roger Sinasohn 25 Paloma Ave, SF, CA 94127; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/02/97

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6:30-9 pm Expiration date: 01/01/97

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97



09/26/96 Page 4

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

#### RICHMOND

Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays, 9/28/96-3/29/97: 11:30 am-1:30 pm Expiration date: 3/30/97

#### WESTERN ADDITION

Electronic Filing Group - Opal Hampton
1301 Clay St, Ste 1500S, Oakland, CA 94612-5210; TEL: 510-637-2475/2482
Wed 10/2/96: 5-7 pm
Expiration date: 10/03/96

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96



P75 #31

# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

10/11/96

DOCUMENTS DEPT. Page

OCT 11 1996

BAYVIEW/ANNA E. WADEN

SAN FRANCISC )

Hunters Point Shipyard RAB - Christine Shirley
833 Market St #1107, SF, CA 94103; TEL: D 495-1786; E 349-0330
Thurs 10/3 & 10/17/96: 3 pm
Expiration date: 10/18/96

SEIU-Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 284-7528; E 359-1132 Wed 9/11/96, 11/13/96, 1/8/97: 5-7 pm Expiration date: 01/09/97

San Francisco Boy Girl Scout Council - Irene Molina 7700 Edgewater Dr #340, Oakland, CA; TEL: 510-562-8470 ext 142 Wed 10/30/96: 6:30-8 pm Expiration date: 10/31/96

BERNAL HEIGHTS

San Francisco Sri Chinmoy Centre - Dhvaja Dorn 74 Creslake Dr, Sr, CA 94132; TEL: D 552-2443; E 753-2049 Tues 10/8, 10/15 & 10/22/96: 6:30-8:30 pm Expiration date: 10/23/96

### EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 441-2500 x 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

San Francisco Bay Girl Scout Council - Marsha Anderson 7700 Edgewatr Dr, Oakland, CA 94621; TEL: 510-562-8470 ext 116 Tues 10/15/96: 7-8:45 pm Expiration date: 10/16/96



10/11/96 Page 2

### NOE VALLEY/SALLY BRUNN

E & Y Kenneth Leventhal - Elena Anaya
550 California, Ste 1100, SF, CA 94104; TEL: 248-2086
Wed 10/16/96: 7-8 pm
Expiration date: 10/17/96

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

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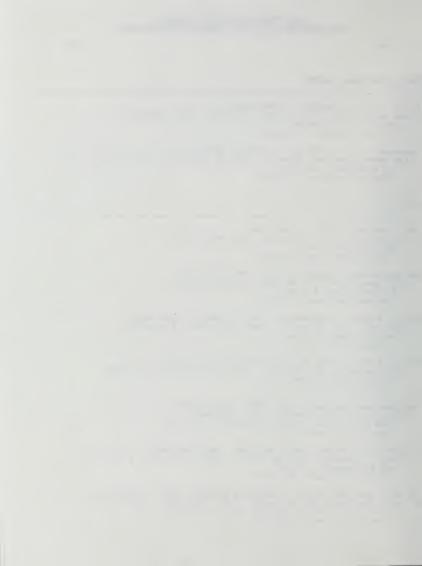
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10/22,29; 11/12,19; 12/3/96; 2/4,11,19,25/97; 3/11
Expiration date: 03/12/97



10/11/96 Page 3

San Francisco Police Department - Mark Porto Park Police Station, SF, CA; TEL: 242-3000 Wed 10/23/96: 5-9 pm Expiration date: 10/24/96

Sri Chinmoy Centre - Chitvan Rebich
529 Moraga St, SF, CA 94122; TEL: 665-8626
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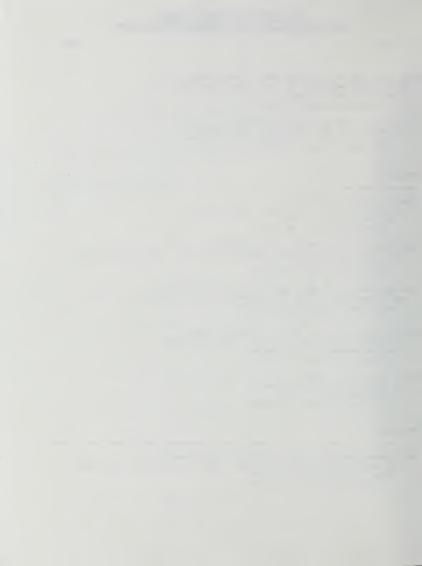
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Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 2nd Wednesdays: 7-9 pm Expiration date: 11/14/96

#### PRESIDIO

Rob Johnson/Merrill Lynch - Robert Brian Johnson 3336 Laguna St #302, SF, CA 94123; TEL: D 274-6155; E 346-6905 Tues 10/29/96: 7:30-8:30 pm Expiration date: 10/30/96



10/11/96 Page 4

### RICHMOND

Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays, 9/28/96-3/29/97: 11:30 am-1:30 pm Expiration date: 3/30/97

### WESTERN ADDITION

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96



10/18/96

DOCUMENTS DEPT.

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BAYVIEW/ANNA E. WADEN

OCT 22 1996

SAN FRANCISCO PUBLIC LIBRARY

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## NOE VALLEY/SALLY BRUNN

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10/18/96 Page 2

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DNCB Treatment Group - Ronnie Burk 234 Waller St, SF, CA 94102; TEL: 864-0731 Sat 11/9 & 12/14/96: 2-4 pm Expiration date: 12/15/96

Ernst & Young LLP - Kristine Torrance 550 California St, SF, CA 94104; TEL: D 248-2068; E 776-7344 Wed 11/13/96: 7-8:30 pm Expiration date: 11/14/96

Haight Ashbury Goddess Society - Stan Fluoride
1227 Masonic #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
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10/18/96 Page 3

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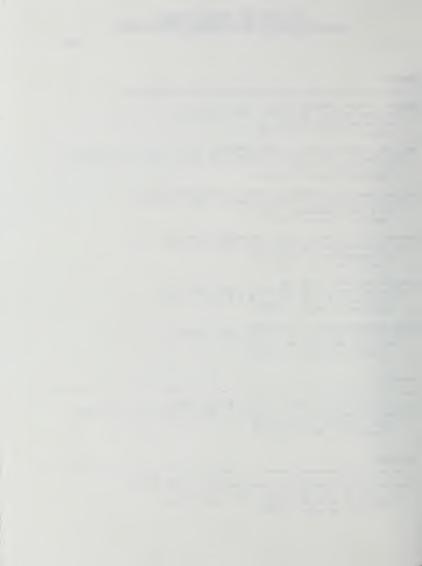
Women Screenwriters - Sarah Corr 961 Pine St #19, SF, CA 94108; TEL: 776-8141 Wed 11/6/96 & 12/4/96: 5-7 pm Expiration date: 12/05/96

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10/18/96 Page 4

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5F P75 #31

### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

10/25/96

DOCUMENTS DEPT. Page 1

OCT 25 1996

BAYVIEW/ANNA E. WADEN

SAN FRANCISCO PUBLIC LIBRARY

SEIU-Local 250 - Maria Griffith
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Wed 9/11/96, 11/13/96, 1/8/97: 5-7 pm
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San Francisco Boy Girl Scout Council - Irene Molina 7700 Edgewater Dr #340, Oakland, CA; TEL: 510-562-8470 ext 142 Wed 10/30/96: 6:30-8 pm Expiration date: 10/31/96

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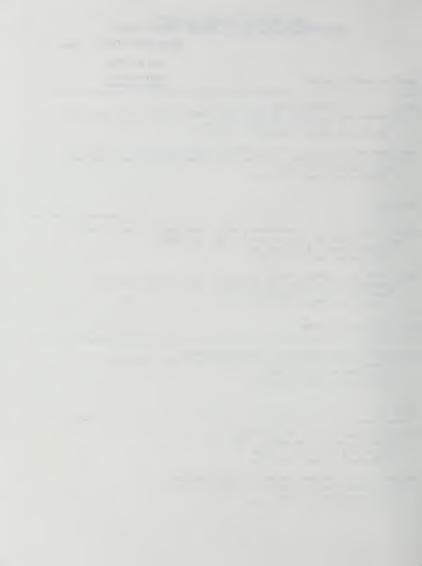
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10/25/96 Page 2

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse
POB 170518, SF, CA 94117; TEL: D 621-9553; E 564-8757
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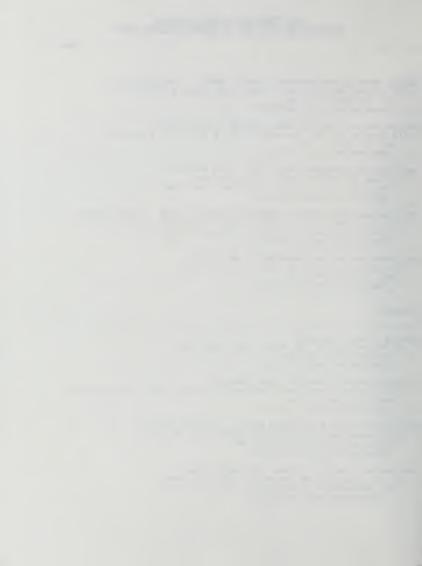
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### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

10/25/96 Page 3

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 12/11/96; 1/8, 2/5, 3/5, 4/9 & 5/7/97: 7-9 pm Expiration date: 05/08/97

Women Screenwriters - Sarah Corr 961 Pine St #19, SF, CA 94108; TEL: 776-8141 Wed 11/6/96 & 12/4/96: 5-7 pm Expiration date: 12/05/96

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San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

United We Stand America - David Wiesner 1865 Bush St #201, SF, CA 94109; TEL: 346-4320 2nd Saturdays: 12 noon-2:30 pm Expiration date: 12/15/96



SF P75 #31

# APPLICATIONS for USE of BRANCH MEETING ROOMS

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NOV 0 4 1996 SAN FRANCISCO PUBLIC LIBRARY

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11/01/96 Page 2

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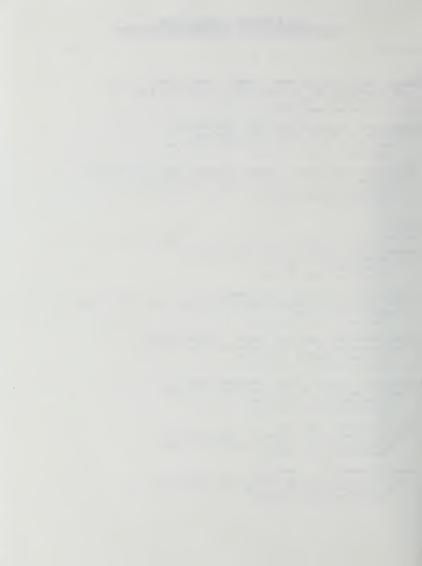
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### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

11/01/96 Page 3

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# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

(Adopted 9/15/92)

Expiration Date:

| NOTE: Complete this form in duplicate and submit to Manager of Requested Facility.                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Dazes Requested: NOV. 3, 1996                                                                                                                                                                                                                                                                                                       | Time Requested: 1:15 4:30 pm                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Facility: CHINATOWN BRANCH                                                                                                                                                                                                                                                                                                          | Attendance Expected: 30 - 40                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Describe event or purpose of meeting:                                                                                                                                                                                                                                                                                               | 2 MEETING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| NFORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Name of Group: CHINESE PROGRE                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Purpose of Group/Type of Activities to Take Place in the Libr                                                                                                                                                                                                                                                                       | ATT SPONSORS EDUCATIONAL PROGRAMMENTY ORGAN                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Primary Contact Person: GROON MAR                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                     | ACE, S.F., CA 94108                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| Day Phone: /4/5) 391-6986                                                                                                                                                                                                                                                                                                           | Evening Phone: (4/5) 333 - 0659                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Secondary Contact Person: SHU MIN LI                                                                                                                                                                                                                                                                                                | Position in Group: /// TERM                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Full Mailing Address: SAME AS ABOU                                                                                                                                                                                                                                                                                                  | /E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| Day Phone: (415) 391-6986                                                                                                                                                                                                                                                                                                           | Evening Phone: (+15) 788 - 9176                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| uny and all loss, damage, injury, liability, and claim thereof   HIN. PROCESTIVE ASSOCIATION or organization) activity   quipment, regardless of the negligence of, and regardless of whe   City, except to the extent that such indemnity is void or otherwise to   the date of this agreement and except where such loss, damage, | ation) shall indemnify and save harmless the City from and against for injury to or death of a person, including employees of the vities including, but not limited to use of the City's facilities or ether liability without fault is imposed or sought to be imposed on, menforceable under applicable law in effect on or validly retroactive injury, liability or claim is the result of active negligence or willful by any omission to perform some duty imposed by law or contract |  |

CHOISTE PROGRESSIVE ASSOCIIdentify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above:

|                                                                          | (signature)                  | 10/23/96              | (date).  |
|--------------------------------------------------------------------------|------------------------------|-----------------------|----------|
|                                                                          | AL AUTHORIZATION:            |                       |          |
| REFRESHMENTS: (initials of authorizing FEES PAID/WAIVED: Room rental: \$ | authority). rec'd/waived by: | DOCUMENTS DEPT.       | X 18 TAV |
| Key Deposit: \$                                                          | rec'd/waived by:             | NOV 1 9 1936          | 1/10     |
| Janitorial: S                                                            | rec'd/waived by:             | CAN EDANCISCO         |          |
| Approved Disapproved Room Not Ava                                        | ilable: Alternate Sugge      | sted: _PUBLIC LIBRARY |          |



SF P75

## SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

11/08/96

DOCUMENTS DEPT. Page 1

NOV 11 1996

BAYVIEW/ANNA E. WADEN

SAN FRANCISCO PUBLIC LIBRAS /

SEIU-Local 250 - Maria Griffith
973 Market St, 7th Flr, SF, CA 94103; TEL: D 284-7528; E 359-1132
Wed 9/11/96, 11/13/96, 1/8/97: 5-7 pm
Expiration date: 01/09/97

### EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 441-2500 x 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

### NOE VALLEY/SALLY BRUNN

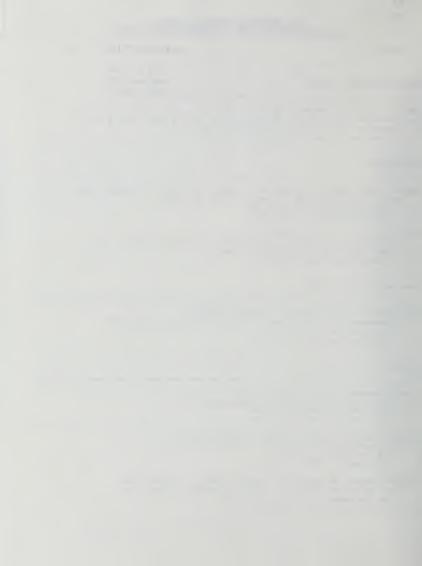
Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

#### PARK

DNCB Treatment Group - Ronnie Burk 234 Waller St, SF, CA 94102; TEL: 864-0731 Sat 11/9 & 12/14/96: 2-4 pm Expiration date: 12/15/96

Haight Ashbury Goddess Society - Stan Fluoride
1227 Masonic #9, SF, CA 94117; TEL: 552-8269
3rd Thursdays: 6-9 pm
Expiration date: 01/17/97

Haight Ashbury Neighborhood Council (HANC) - Donna Gouse POB 170518, SF, CA 94117; TEL: D 621-9553; E 564-8757 2nd Thursdays: 7-9 pm Expiration date: 01/10/97



11/08/96 Page 2

Haight Ashbury Service Assoc. (HASA) - Donna Gouse
409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 01/17/97

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 8/13, 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110
10/22,29; 11/12,19; 12/3/96; 2/4,11,19,25/97; 3/11
Expiration date: 03/12/97

### POTRERO

Abacus - Roger Sinasohn 25 Paloma Ave, SF, CA 94127; TEL: 469-7924 1st Saturdays: 1-5 pm Expiration date: 03/02/97

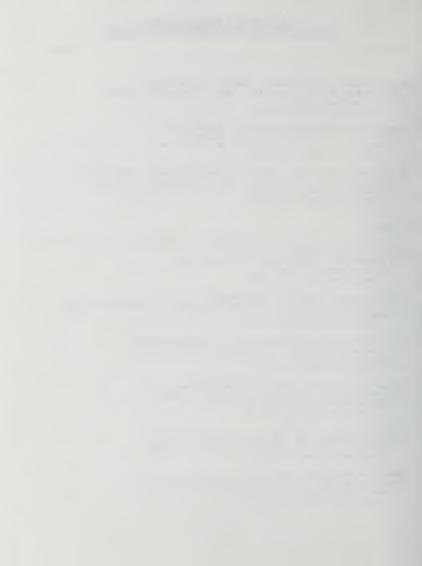
Internal Revenue Service - Opal Hampton
1301 Clay St, Suite 1500S, Oakland, CA 94612; TEL: 510-637-2482
Wed 11/13/96: 5-7 pm
Expiration date: 11/14/96

Potrero Boosters & Merchants Assoc. - Richard Millet 250 Connecticut St #5, SF, CA 94107; TEL: 861-0345 1st & last Tuesdays: 6:30-9 pm Expiration date: 01/01/97

Potrero Hill Writers' Group - Margaret Keyes 613 Wisconsin St, SF, CA 94107; TEL: 641-4488 4th Wednesdays: 7:30-9:30 pm Expiration date: 01/23/97

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 12/11/96; 1/8, 2/5, 3/5, 4/9 & 5/7/97: 7-9 pm Expiration date: 05/08/97

Women Screenwriters - Sarah Corr 961 Pine St #19, SF, CA 94108; TEL: 776-8141 Wed 11/6/96 & 12/4/96: 5-7 pm Expiration date: 12/05/96



### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

11/08/96 Page 3

### RICHMOND

Housing Rights Committee of San Francisco - Kate Gordon 115 Jones St, SF, CA 94102; TEL: 749-3705 Saturdays, 9/28/96-3/29/97: 11:30 am-1:30 pm Expiration date: 3/30/97

### WESTERN ADDITION

San Francisco Amateur Astronomers - Nancy Cox 1065 S. Van Ness #305, SF, CA 94110; TEL: 826-2217 2nd Wednesdays: 7-9 pm Expiration date: 12/12/96

United We Stand America - David Wiesner 1865 Bush St #201, SF, CA 94109; TEL: 346-4320 2nd Saturdays: 12 noon-2:30 pm Expiration date: 12/15/96



P75

### SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

11/14/96

DOCUMENTS DEPT

Page 1

BAYVIEW/ANNA E. WADEN

NOV 15 1996 SAN FRANCISCO PUBLIC LIBRARY

Fairmont School - Yolanda Harris 65 Chenery St, SF, CA 94110; TEL: D 695-5669; E 774-4154 Thurs 11/21/96: 1:30-4:30 pm Expiration date: 11/22/96

SEIU-Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 284-7528; E 359-1132 Wed 9/11/96, 11/13/96, 1/8/97: 5-7 pm Expiration date: 01/09/97

### EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 12/12/96

SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 441-2500 x 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

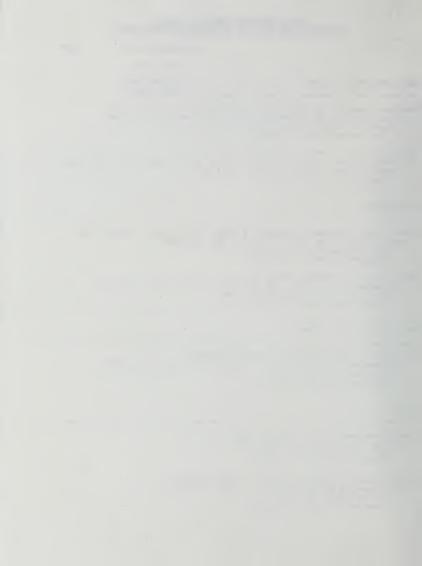
### NOE VALLEY/SALLY BRUNN

Progressive Voters Network - Phillip Babcock 109 Webster St, SF, CA 94117; TEL: D 905-1256; E 431-0801 3rd Tuesdays: 7-8:50 pm Expiration date: 11/20/96

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11/14/96 Page 2

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10/22,29; 11/12,19; 12/3/96; 2/4,11,19,25/97; 3/11
Expiration date: 03/12/97

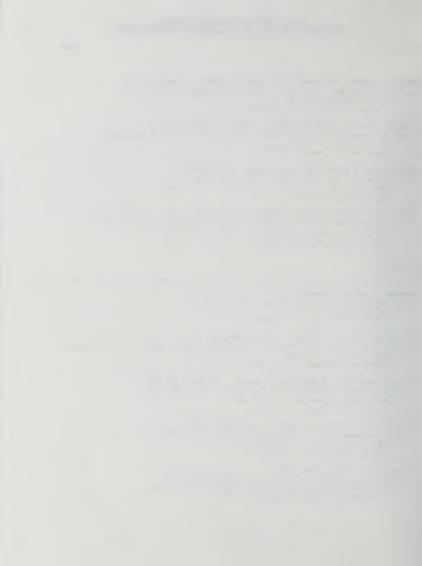
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Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 12/11/96; 1/8, 2/5, 3/5, 4/9 & 5/7/97: 7-9 pm Expiration date: 05/08/97



## SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

11/14/96 Page 3

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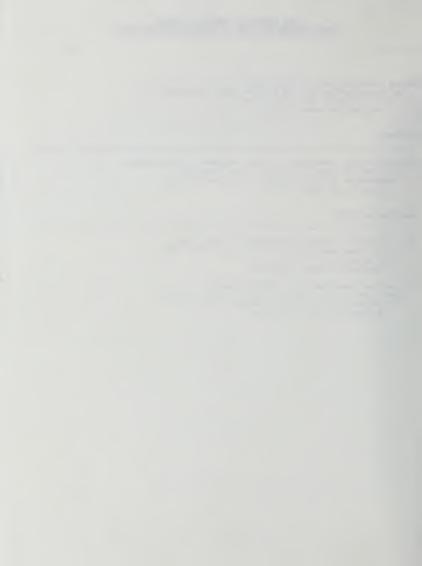
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United We Stand America - David Wiesner 1865 Bush St #201, SF, CA 94109; TEL: 346-4320 2nd Saturdays: 12 noon-2:30 pm Expiration date: 12/15/96



### 3F -75 310

### SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

NOTE: Complete this form in duplicate and submit with organization literature to Manager of Requested Facility.

| OCT | 24 | 1996FPL-15 |
|-----|----|------------|
| -   | -  | (5/92)     |

| 12 | 4 | la | ı |
|----|---|----|---|

Dates Requested:

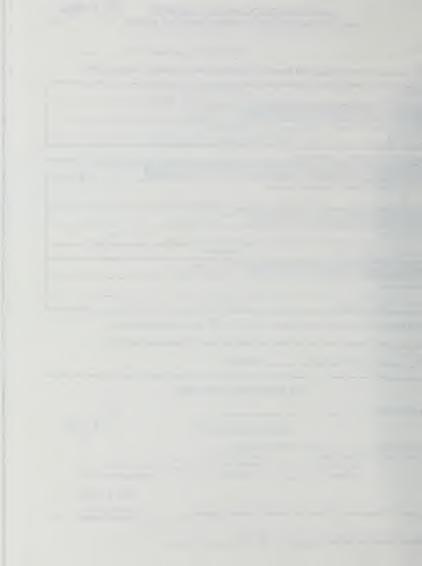
11-16-96

Application Date: 10.22-96

1-5 pm

Time Requested:

| Pacility:                                                                                                                | Attendance Expected: 15 ~ 20 |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------|--|--|--|
| Describe event or purpose of meeting "A Day of Reflection" —                                                             |                              |  |  |  |
| Introduction to the New Humanist Movement                                                                                |                              |  |  |  |
| NFORMATION ON REQUESTING ORGANIZATION:                                                                                   |                              |  |  |  |
| Name of Group: 2000 Without Wars                                                                                         | Non-Profit: Yes 	● No ○      |  |  |  |
| Purpose of Group/Type of Activities to Take Place in the Library:                                                        |                              |  |  |  |
| Discussion reflection an                                                                                                 |                              |  |  |  |
| Primary Conjuct Person Applying Trudi Richards                                                                           | Position in Group:           |  |  |  |
| Full Mailing Address: Excelsion Ave S                                                                                    | am Francisco (A 94112        |  |  |  |
| Day Phone: 415-586-2217                                                                                                  | Evening Phone:               |  |  |  |
| Secondary Contact Person:<br>Homer Hobi                                                                                  | Position in Group:           |  |  |  |
| Full Mailing Address:                                                                                                    | V C (SCITT SCI               |  |  |  |
| Day Phone: 285-0606                                                                                                      | Evening Phone:               |  |  |  |
| certify I have read the meeting room rules and Waiver of Liability and agree to all provision of the above:  (signature) |                              |  |  |  |
| FOR DEPARTMENT USE ONLY                                                                                                  |                              |  |  |  |
| XPIRATION DATE:                                                                                                          | 2                            |  |  |  |
| SPECIAL AUTHORIZATION: MES ALL SPECIAL AUTHORIZATION:                                                                    |                              |  |  |  |
| REFRESHMENTS: initials of authorizing authority                                                                          |                              |  |  |  |
| EES PAID/WAIVED: Room rental: \$ rec'd/waived by:                                                                        |                              |  |  |  |
|                                                                                                                          | vaived by:                   |  |  |  |
|                                                                                                                          | 5000                         |  |  |  |
|                                                                                                                          | NOV 1 9 1996                 |  |  |  |
| Approved Disapproved Room Not Available: Alternate Suggested:  SAN FRANCISCO PUBLIC LIBRARY                              |                              |  |  |  |
| y: Branch/Main Manager: Valenti Porras                                                                                   |                              |  |  |  |



NOV 1 5 1996

SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS (Adopted 9/15/92) 31a Expiration Date: NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. Dates Requested: Time Requested: Facility: BAYVIEW - A.E. WADEN BRANCH #13 Attendance Expected: Describe event or purpose of meeting:

| Family Moth and teach                                             | er-parent meetings    |  |  |
|-------------------------------------------------------------------|-----------------------|--|--|
| INFORMATION ON REQUESTING ORGANIZATION:                           | J                     |  |  |
| Name of Group: Bryant Elem. Sch                                   | Non-Profit Yes ♥ No ○ |  |  |
| Purpose of Group/Type of Activities to Take Place in the Library: |                       |  |  |
| tamily education activit                                          | y                     |  |  |
| Primary Contact Peison: Flamor Lot Position in Group:             |                       |  |  |
| Full Mailing Address: 1050 York St. San Francisco 94110           |                       |  |  |
| Day Phone: 695-5780 Brening Phone: 621-4357                       |                       |  |  |
| Secondary Contact Person: Marie Biunihi Position in Group:        |                       |  |  |
| Full Mailing Address: Same as about                               |                       |  |  |
| Day Phone: 695-5780                                               | Evening Phone:        |  |  |
|                                                                   | ,                     |  |  |

CONDITIONS FOR USE: Insurance required? Yes \(\sigma\) No \(\overline{\text{\infty}}\). If yes, attach insurance rider. Bryim Flem (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Landing Flem. (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result 

Fry out Elem . \_\_\_ (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify I have read the meeting room rules. Waiver of Liability, and Conditions of Use and agree to all provisions of the above: (signature)

| REFRESHMENTS:       | SPEC                           | IAL AUTHORIZATION:            |                               | 2.       |
|---------------------|--------------------------------|-------------------------------|-------------------------------|----------|
|                     | Room rental: \$                | rec'd/waived by:              | DOCUMENTS DEPT                | mos la's |
| •                   | Key Deposit: \$ Janitorial: \$ | rec'd/waived by:              | NOV 1 9 1396                  | 11/12    |
| ☐Approved ☐Disapp   | proved Room Not Ay             | ailable: Alternate Suggested: | SAN FRANCISCO PUBLIC LIEBAR ( |          |
| BY: BRANCH/MAIN MAI | NAGER: Line !                  | worke Kortan                  | 100010 310111111              |          |

Metal UMSUS : CT

### SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

= 31a

BY: BRANCH/MAIN MANAGER/

SFPL - 15

Adonted 9/15/92)

SAN FRANCISCO

PUBLIC LIBRARY

Expiration Date:

18/96 NOTE: Complete this form in duplicate and submit to Manager of Requested Facility. Dates Requested: Time Requested: Facility: BAYVIEW - A.F. WADEN BRANCH #13 Attendance Expected: Describe event or purpose of meeting: Pacher INFORMATION ON REQUESTING ORGANIZATION: Name of Group: Non-Profit: airmont Yes @ No O Javent Primary Contact Person: Full Mailing Address: Day Phone: 415 Secondary Contact Person: Position in Group: Full Mailing Address: Day Phone: Evening Phone: CONDITIONS FOR USE: Insurance required? Yes No . If yes, attach insurance rider. Fair mont Sch. (identify group or organization) shall indemnify and save harmless the City from and against any and all loss, damage, injury, liability, and claim thereof for injury to or death of a person, including employees of the Fair wwy 3ch (group or organization) activities including, but not limited to use of the City's facilities or equipment, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on, City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this agreement and except where such loss, damage, injury, liability or claim is the result of active negligence or willful misconduct of City and/or is not contributed to by any act of, or by any omission to perform some duty imposed by law or contract on Fair Mort Sch. (group or organization), its agents or employee. Fair Mont Sch, (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing. I certify I have read the meeting room rules, Waiver of Liability, and Conditions of Use and agree to all provisions of the above: michal (signature) (date). SPECIAL AUTHORIZATION: REFRESHMENTS: (initials of authorizing authority). FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: Key Deposit: \$ rec'd/waived by: Janitorial: rec'd/waived by: DOCUMENTS DEP Room Not Available: Alternate Suggested: Approved Disapproved NOV 1 4 1996

Moth wasus

SF

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# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

| (Ado | nead | a | 115 | 102 |
|------|------|---|-----|-----|
|      |      |   |     |     |

| ,                                                                                                                            | Expiration Date:                                                                                                                                        | 12/96.                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOTE: Complete this form in duplicate and submit to Ma                                                                       | nager of Requested F                                                                                                                                    | acility.                                                                                                                                                                                                   |
| Dates Requested: De causlos / St. 199                                                                                        | 6 Time Requested:                                                                                                                                       | 1-4:45                                                                                                                                                                                                     |
| Peality: EXCELSIOR BRANCH                                                                                                    | Attendance Expect                                                                                                                                       | ed: 20                                                                                                                                                                                                     |
| Describe event or purpose of meeting:                                                                                        |                                                                                                                                                         | ,                                                                                                                                                                                                          |
| Book Draive son Filipiana                                                                                                    | Dept. CF                                                                                                                                                | SZ GBRARY System                                                                                                                                                                                           |
| INFORMATION ON REQUESTING ORGANIZATION:                                                                                      |                                                                                                                                                         | 7 7                                                                                                                                                                                                        |
| Name of Groups-TANHS SE Chays                                                                                                | Her                                                                                                                                                     | Non•Profit:<br>Yes ⋈ No O                                                                                                                                                                                  |
| Purpose of Group/Type of Activities to Take Place in the Library:                                                            |                                                                                                                                                         |                                                                                                                                                                                                            |
| Meeting                                                                                                                      |                                                                                                                                                         |                                                                                                                                                                                                            |
| Primary Contact, Prison: ETWAVEDO DATANGEL                                                                                   | Position                                                                                                                                                | in Group: ADVISOR                                                                                                                                                                                          |
| Full Mailing Address: 6th Street                                                                                             |                                                                                                                                                         |                                                                                                                                                                                                            |
| Nay Phone: 4157 977-245/                                                                                                     | Evening Phone:                                                                                                                                          |                                                                                                                                                                                                            |
| Secondary Contract Resson:                                                                                                   | Position                                                                                                                                                | in Group Janes 1000 T                                                                                                                                                                                      |
| Pull Mailing Address:                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                            |
| Day Phone: Came                                                                                                              | Evening Phone:                                                                                                                                          |                                                                                                                                                                                                            |
| CONDITIONS FOR USE: Insurance required? Yes                                                                                  | No IX If yes a                                                                                                                                          | ttach insurance rider.                                                                                                                                                                                     |
| against any and all loss, damage, injury, liability, and claim                                                               | thereof for injury to<br>n) activities including<br>lloss of whether linbs<br>v is void or otherwise<br>accept where such loss<br>not contributed to by | s, but not limited to use of the City's facilities<br>lity without fault is imposed or sought to be<br>unenforceable under applicable law in effect<br>s, damage, injury, liability or claim is the result |
| liability, including attorney's fees, court costs, litigation expinvestigation or defense thereof, which may be entered, inc | enses and all other li<br>surred or assessed as                                                                                                         | a result of the foregoing.                                                                                                                                                                                 |
| I certify I have read the meeting room rules. Waiver of Liab                                                                 | ility, and Conditions                                                                                                                                   | of Use and agree to all provisions of the above:                                                                                                                                                           |
| 1-0HDX                                                                                                                       | (signature)                                                                                                                                             | ///2//96 (date).                                                                                                                                                                                           |
|                                                                                                                              | AUTHORITATION                                                                                                                                           |                                                                                                                                                                                                            |
| REFRESHMENTS: (initials of authorizing a fees PAID/WAIVED: Room rental: \$ Key Deposit: \$ r                                 | ec'd/waived by:                                                                                                                                         | or of                                                                                                                                                                                                      |
| Approved Disapproved Room Not Available                                                                                      | e: Alternate Suggeste                                                                                                                                   | :d:                                                                                                                                                                                                        |
| BY: BRANCH/MAIN MANAGER:                                                                                                     | Dra                                                                                                                                                     |                                                                                                                                                                                                            |
| SFPL - 15                                                                                                                    | ~                                                                                                                                                       | DOCUMENTS DEP                                                                                                                                                                                              |

NOV 26 1996 SAN FRANCISCO PUBLIC LIBRARY To: Sustan Hom

57 1975 #31

## SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

DOCUMENTS DEPT.

12/05/96

DEC 0 6 1996 SAN FRANCISCO PUBLIC LIBRARY

### BAYVIEW/ANNA E. WADEN

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### CHINATOWN

BALIS - Yvette Gan
 100 Larkin St, 3rd Flr, SF, CA 94102; TEL: D 349-5538 ext 3048
 Fri 5/16/97: 9:30 am - 1:00 pm
 Expiration date: 05/17/97

The Betsy-Tacy Society - Carla Kozak 1135 Powell St, SF, CA 94108; TEL: 274-0275 Mon 6/30/97: 6-8:30 pm Expiration date: 07/01/97

#### EXCELSTOR

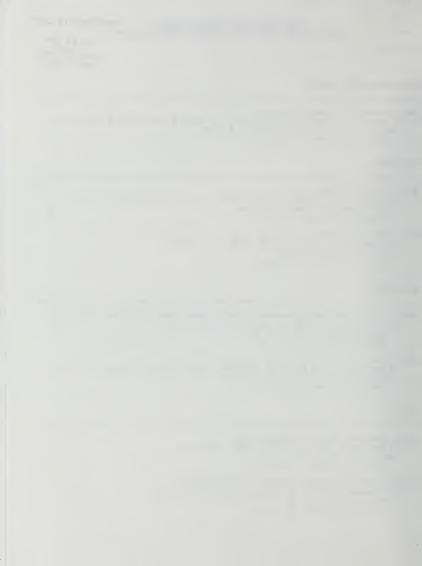
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SEIU Local 250 - Maria Griffith 973 Market St, 7th Flr, SF, CA 94103; TEL: D 441-2500 ext 28 Tues 8/13, 10/8, 12/10/96: 5-7 pm Expiration date: 12/11/96

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DNCB Treatment Group - Ronnie Burk 234 Waller St, SF, CA 94102; TEL: 864-0731 Sat 11/9 & 12/14/96: 2-4 pm Expiration date: 12/15/96

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POB 170518, SF, CA 94117; TEL: D 621-9553; E 564-8757
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409 Clayton St, SF, CA 94117; TEL: D 621-9553; E 564-8757
3rd Thursdays: 1 pm
Expiration date: 01/17/97

Neighborhood Emergency Team (NET) - Tes Welborn 2001 Oak St, SF, CA 94117; TEL: 752-8520 Tues 8/13, 9/10, 11/12 & 12/10/96: 6:45-9 pm Expiration date: 12/11/96

SF Fire Dept/NERT-Neigh'd Emergency Response Team - Frank Lucier
260 Golden Gate, SF, CA 94102; TEL: D 558-3456; P 560-1110
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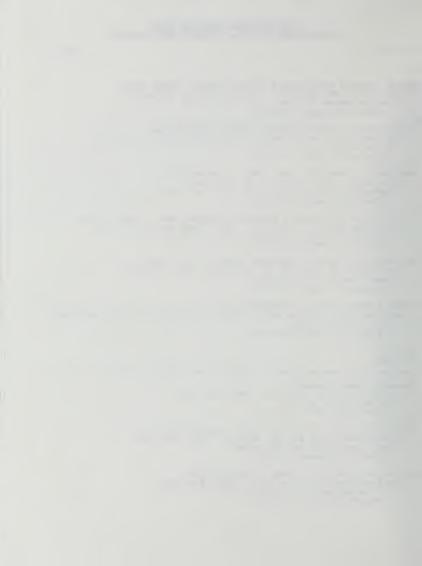
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# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

12/05/96 Page 3

Starr King Park - Jane Fay 96 Caire Terrace, SF, CA 94107; TEL: 285-4743 12/11/96; 1/8, 2/5, 3/5, 4/9 & 5/7/97: 7-9 pm Expiration date: 05/08/97

Women Screenwriters - Sarah Corr 961 Pine St #19, SF, CA 94108; TEL: 776-8141 Wed 11/6/96 & 12/4/96: 5-7 pm Expiration date: 12/05/96

#### PRESIDIO

Bay Area Great Books - Nancy Wortman 2436 22nd Ave., SF, CA 94116; TEL: D 566-1392; E 566-1392 1/28/97, 2/25/97, 3/25/97, 4/22/97, 5/27/97: 7-9 p Expiration date: 05/28/97

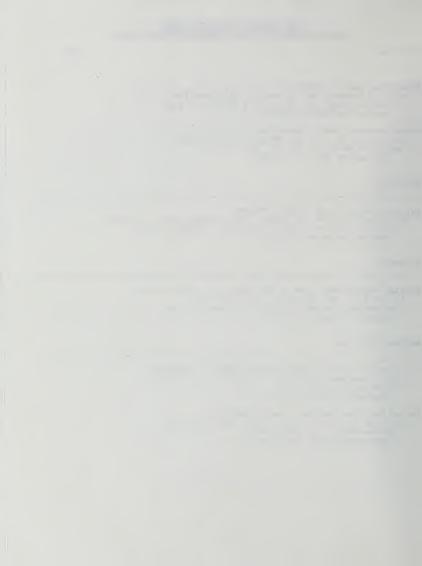
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United We Stand America - David Wiesner 1865 Bush St #201, SF, CA 94109; TEL: 346-4320 2nd Saturdays: 12 noon-2:30 pm Expiration date: 12/15/96



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SAN FRANCISCO PUBLIC LIBRARY
APPLICATIONS for USE of BRANCH MEETING ROOMS

12/13/96

BAYVIEW/ANNA E. WADEN

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DOCUMENTS DEPT.

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NOE VALLEY/SALLY BRUNN

Friend of the Urban Forest - Jeffrey Morgan 1503 Noe St, SF, CA 94131; TEL: D 624-1190; E 826-6083 Wed 12/18/96: 7-8:30 pm Expiration date: 12/19/96

PARK

DNCB Treatment Group - Ronnie Burk 234 Waller St, SF, CA 94102; TEL: 864-0731 Sat 11/9 & 12/14/96: 2-4 pm Expiration date: 12/15/96

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# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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# SAN FRANCISCO PUBLIC LIBRARY APPLICATION FOR USE OF PUBLIC MEETING ROOMS

131a

OCT 29 1996 SFPL - 15

Expiration Date:

12/18/96

| December 17, 1996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Time Requested: 4pm to 8pm.                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facility: PARK BRANCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Attendance Expected:                                                                                                                                                                                                                                                                                                                    |
| Describe event or purpose of meeting: Christmas<br>Wents of the Women's Weed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . Celebration for families to<br>le Center. Open to all.                                                                                                                                                                                                                                                                                |
| FORMATION ON REQUESTING ORGANIZATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                         |
| Name of Group: Women's Needs Cent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Non-Profit:                                                                                                                                                                                                                                                                                                                             |
| Purpose of Group/Type of Activities to Take Place in the Li                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | brary: Holiday Celebration, with                                                                                                                                                                                                                                                                                                        |
| Primary Contact Person: Betheaida Evi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 Position in Group: CST - Coordinate                                                                                                                                                                                                                                                                                                   |
| Full Mailing Address:<br>1825 HAIGHT Street. San Fra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Evening Phone 50 465-1790                                                                                                                                                                                                                                                                                                               |
| Secondary Contact Person: Veronica Majano                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Position in Group: Cufreach Worker                                                                                                                                                                                                                                                                                                      |
| Full Mailing Address: AND St. Sam Fro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                         |
| Day Phone: (413) 487-5615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Evening Phone (45) 487-5607                                                                                                                                                                                                                                                                                                             |
| ONDITIONS FOR USE: Insurance required? Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No . If yes, attach insurance rider.                                                                                                                                                                                                                                                                                                    |
| Momen's Needs Center (identify group or organization) as any and all loss, damage, injury, liability, and claim the Women's Needs Center (group or organization) a equipment, regardless of the negligence of, and regardless posed on, City, except to the extent that such indemnity is vior validly retroactive to the date of this agreement and exception of the control of the control of the control is not control or the control of the control is not control or the control of the control | reof for injury to or death of a person, including employees<br>citvities including, but not limited to use of the City's facilition<br>of whether liability without fault is imposed or sought to I<br>to otherwise unenforceable under applicable law in effect<br>to where such loss, damage, injury, liability or claim is the rest |

Domen 5 Ueeds (every (identify group or organization) shall indemnify and hold City harmless from all loss and liability, including attorney's fees, court costs, litigation expenses and all other liabilities incurred in and about any such claim investigation or defense thereof, which may be entered, incurred or assessed as a result of the foregoing.

I certify have read the meeting room rules, Weiver of Liability, and Conditions of Use and agree to all provisions of the above: SPECIAL AUTHORIZATION: (initials of authorizing authority). REFRESHMENTS: FEES PAID/WAIVED: Room rental: \$ rec'd/waived by: Key Deposit: \$ rec'd/waived by: Janitorial: rec'd/waived by: Disapproved Room Not Available: Alternate Suggested: BY: BRANCH/MAIN MANAGER:



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# SAN FRANCISCO PUBLIC LIBRARY APPLICATIONS for USE of BRANCH MEETING ROOMS

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DEC 2 0 1996 SAN FRANCISCO

BAYVIEW/ANNA E. WADEN

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DNCB Treatment Group - Pasquarelli David 2261 Market St #639, SF, CA 94117; TEL: D 954-8896; E 386-1779 Sat 1/11 & 2/8/97: 2-4 pm Expiration date: 02/09/97

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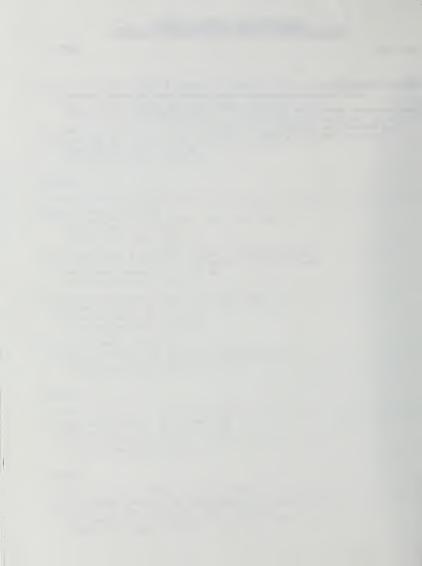
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12/20/96 Page 3

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JAN 0 2 1997 SAN FRANCISCO PUBLIC LIBRARY

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#### EXCELSIOR

CWEST - San Francisco Commodore & Amiga User Group - George Todd 3462 - 17th St #B, SF, CA 94110; TEL: 626-9946 2nd Wednesdays: 6:30-8:45 pm Expiration date: 06/12/97

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